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Addresses.

THE ADAPTATION OF PURE SCIENCE TO MEDICINE.

CHAIRMAN'S ADDRESS BEFORE THE SECTION ON PRACTICE OF MEDICINE, AT THE FIFTY-FIFTH ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION AT ATLANTIC CITY, N. J., JUNE 7-10, 1904.

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A year ago this section enjoyed the pleasure of listening to the address of its chairman, in which were emphasized the advantages—in fact, the necessity—of clinical bedside instruction in medical education and the blending with this instruction of the scientific work done in the laboratories. But this deals with our duties to our successors in medicine, and after many years of struggling we can now feel assured that our successors, if properly educated, will have adequate grounding in laboratory work, and be able to apply the exact methods learned there to aid them in their clinical work of everyday practice. To the majority of men most active in the practice of medicine to-day, who graduated fifteen to twenty years ago, these advantages were not given, and they must turn, therefore, for their laboratory work to others who have specialised in these branches of medicine.

In our cities, at least, the time has practically passed when the expert physiologist, bacteriologist or even clinical microscopist can also be a practicing physician. Many young men in the early years of their professional careers are able to work in the various laboratories storing up knowledge, which endows them with broad conceptions of morbid processes; but the parting of the ways soon comes, and they must choose a life of clinical activity or else one of pure scientific study and investigation.

The graduates in medicine to-day may, therefore, be broadly divided, on the one hand, into laboratory workers who are each year endeavoring to build for the science of medicine a more exact and scientific basis, and, on the other hand, the clinicians, who are endeavoring to apply the scientific data to the prevention and treatment of disease.

Modern medicine has developed from, first, a pathologic foundation, with its increase in accurate knowledge of the results of disease; then a more accurate recognition by clinicians of the symptoms produced during life by the various pathic conditions; then bacteriology added to our knowledge of the etiologic factors in disease; and, finally, chemistry is still working out the nature of the various normal and abnormal processes, and to-day our most philosophical conception of the broad subject of infection and resistance, as summed up in our ideas of immunity, is one of an unceasing contest by means of chemical reactions, between the cells of the invading parasite and the cells of the resisting host. Physiology has continuously been a governing factor, furnishing the normal standard by which abnormal variations must be judged. Closely following each new scientific discovery, the clinicians have endeavored to apply the new facts to the prevention or cure of disease. In the prevention of disease the developments have been such that hygiene and preventive medicine have become a branch by themselves in the wide field of medicine. The scientific data applied by us clinicians have developed our knowledge of the morbid processes and materially increased the accuracy of our diagnosis, and, while they have developed a skepticism concerning the vigorous empiric therapeutics of our forefathers, they have developed a more accurate reasoning from cause to effect, and a more purposeful procedure to obtain the desired curative results.

At times, unfortunately, laboratory workers and clinicians, working separately at the same problem, have arrived at results which seemingly were at variance, and this has been the cause of unnecessary controversy; whereas, if they had worked together, the results obtained would doubtless have solved the problem more satisfactorily to both. It seems, therefore, not untimely, while we consider some of the advances made in scientific medicine which have added to practical therapeutics and increased the rapidity and accuracy of clinical diagnosis, we mention briefly some of the problems to be worked out through co-operation of the clinicians with the laboratory workers. And in this connection there is great need to recognise the fact that the mental attitude toward each other of these two bodies of physicians is not always one of confidence and mutual assistance, and that we entertain a plea for the more complete and intelligent co-operation between the laboratory worker and the clinician.

The most complete adaptation of pure scientific work to clinical medicine is the work of Behring and others in the antitoxic sera for diphtheria and tetanus, conceived and worked out completely in the laboratory before it was applied to medicine. This boon to humanity stands as one of the most brilliant achievements of scientific medicine. That the results in tetanus have not been as successful as those in diphtheria has been due to the difference in time at which the disease could be recognized and the antidote given, and also to the fact, but recently proven, that in tetanus the toxin is absorbed by the motor nerve endings in the periphery and travels along the axic cylinders, and apparently only reaching the spinal neurons along this route, and not by the blood current or lymph channels. It would, therefore, seem necessary in very acute cases of tetanus that the antitoxic serum must travel along the same channel as the

toxin to obtain the neutralizing effect. Acting on these data, the injection of the serum into the nerve bundles has been tried in a few cases with successful results. One case is quoted in THE JOURNAL.[1] Two other cases are from personal knowledge, having been performed by Dr. John Rogers, Jr., of New York City, who recently has injected the brachial plexus with antitoxic serum in one case, and the sciatic nerve in the other, and obtained recovery. These cases of tetanus showed such intensity of infection that previous experience excluded all hopes of recovery.

At first it was thought that the bactericidal sera would be as effective in the therapeutic use as the antitoxic sera, but we now know that to obtain the substance deadly to the bacteria we must have a conjunction of the alexins or complements with the specific immune bodies, and that these sera practically contain only an increase of the specific immune bodies. In cases of infections, the alexins or complements are usually absent in the infected body. There is at present no known method of increasing the complements or alexins, hence the inefficacy of adding by injection only the specific immune bodies. The sera used in cholera, dysentery and plague possess some antitoxic as well as bactericidal properties, and in cholera and dysentery they have a further advantage because of the more favorable location of the infecting agents; hence these have proved more effective than the bactericidal sera of typhoid fever, pneumonia and streptococcus septicemia. Beside, the lack of alexins or complements in these septicemias, there is added a new difficulty for serum therapy, since the intracellular poisons contained in the bodies of the bacteria are not diffused into the tissues, and, therefore, do not cause a formation of antibodies. The preventive inoculation against typhoid fever, plague and cholera is the practical application of our ideas of immunity, and the success so far obtained seems to be, roughly speaking, that about 50 per cent. of those inoculated are protected against these diseases, and of those who acquire these diseases after being inoculated the mortality is about 50 per cent. less than in the uninoculated.

Soon after the phenomenon of agglutination of bacteria in the specific serum was established, Widal and Durham applied it to the familiar Widal's reaction in typhoid fever. This reaction has been of great value in the diagnosis of many doubtful cases of typhoid fever, but it has also led many clinicians astray in their diagnosis because its true value was not understood. While the reaction occurs at some period in 95 per cent. of the cases of undoubted typhoid fever, it varies greatly in the moment at which it occurs. It may be present during the first few days of the disease, or it may not occur until during a relapse or in convalescence. It usually appears about the end of the first week in bed. When a positive reaction is obtained, it means that the patient has, or has had, typhoid fever. But a negative reaction is of no more value in the diagnosis of typhoid fever than the inability to feel an enlarged spleen. The work of Courmont shows that this test is not only of diagnostic value, but may be used as a means of gauging the intensity of the infection and the resistance of the infected patient; that moderate degrees of infection show a more vigorous agglutination than mild or very severe infections. In moderately severe infections the agglutinating power of the serum reaches its maximum at the period of defervescence and falls with the fever or during convalescence, while in very severe infections the agglutination curves are low, very irregular and often show a premature fall. In relapses the curve is higher than in the initial attack, if the patient recovers; lower, if he dies. It is to be regretted that no universal standard of a reaction has been established, so that at present a reaction pronounced positive by one observer may be regarded negative by an equally well-qualified judge. The habit of some laboratories of sending out reports of "doubtful reactions" is misleading and is to be deprecated. It is especially in such tests as this that a more intelligent cooperation between the laboratories and the clinicians will be of great assistance to both.

The laboratory has become the final arbiter in many conditions and diseases of the blood. It is there that the differentiation of malaria, and often the final diagnosis, must be made. Only by such aids are we able to successfully differentiate the primary from the secondary anemias, and the various forms of leukemia. By applying these examinations of the blood and considering the leucocytes alone, we are often able to differentiate certain general diseases, and, weighing the blood findings with the clinical picture, we often obtain invaluable information regarding the course, and even prognosis, of a given disease. It is here, however, that the clinician must study to know the significance of data found; the laboratory can only give facts; the responsibility of their interpretation rests with the clinician.

Bacteriology has given us by improved and rapid methods the means of quickly diagnosticating diphtheria from the more benign inflammations of the throat. In regard to the sputum, and at times in regard to the urine, we all recognize the necessity of knowing whether or not the tubercle bacilli are present. By the examination of fluids from the lumbar puncture we may often decide whether we are dealing with meningitis of tuberculous origin or whether we have epidemic cerebrospinal meningitis.

Examination of the feces has increased our power of differential diagnosis and added to our knowledge of intestinal diseases. It has shown us the frequency of intestinal parasites and how widespread, even in the temperate zones, is the occurrence of hitherto unsuspected parasites.

The word indigestion formerly covered a multitude of conditions. The examination of the stomach contents has shown us that it covers many variations, or even absence, of normal digestive secretions, and whether this is due to an abnormal variation of the acid contents of the gastric juice or due to variations in the gastric ferments, or whether digestion is disturbed from loss of muscular motility of the stomach. It has taught us to differentiate between the variations of secretions occurring with a normal mucosa and those due to a diseased condition of the gastric mucous membrane. It materially aids us to diagnosticate between ulcer of the stomach and carcinoma. Wide as this field is, and accurate as the chemical tests of stomach contents may be, it fails us when we most need it in the early recognition of carcinoma. The recent work of William J. Mayo shows us that when the gastric contents show sufficient perversion from the normal to prove the presence of carcinoma, the disease has become too extensive to be eradicated. It is our duty, therefore, to realize that when a patient 35 years of age or more shows anemia, progressive loss of weight and disturbance of digestion that a month's careful treatment can not improve, we must seriously consider that the patient belongs to the domain of surgery, for surgery alone can eradicate carcinoma.

1. THE JOURNAL A. M. A., vol. xiii, p. 812.

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We are just beginning to recognize the practical value of a study in the variations of blood pressure. Formerly this seemed to belong to experimentation in the laboratory, but the convenient instruments of precision of Riva-Rocca, Oliver, Galante and Erlanger have placed this important study within our clinical reach. Crile has proved its value in estimating the degree of surgical shock. Already a fairly accurate range of normal pressure has been worked out for the medical practitioner. The knowledge obtained by the use of these instruments will increase our therapeutic capabilities, for they give valuable indications of the variations in the vasomotor control, and they seem to promise a distinct gain in a more intelligent treatment of cardiac and renal diseases, and will give valuable indications in the infectious diseases of when to give and when to withhold stimulants.

Among the brilliant results obtained in recent years in medicine is the demonstration that malaria and yellow fever are mosquito-borne diseases. The immediate application of this knowledge by Gorgas in Cuba, shows the possibility of restricting, if not stamping out, two of the greatest scourges of this continent. The knowledge of the full cycle of the malarial parasite has thus been furnished, but the etiologic factor in yellow fever remains still a problem to be worked out.

Beside the problems in immunity which are unceasingly being worked out in the laboratories, the etiologic factors of rabies and certain of the exanthemata seem nearest to solution. Negri has recently described protozoan bodies in certain cells of the central nervous system in rabies, which seem to be constant and diagnostic of this disease. Mallory has found and described in the skin in scarlet fever certain rosette-like bodies which he believes to be protozoa, and to have an etiologic relation to scarlet fever, though no claim is made that such a relation has been proved. Councilman and Calkins have described certain bodies in smallpox which are claimed to be protozoa, and claimed to have causal relations to the disease. It is too early to draw positive conclusions regarding the meaning of these discoveries, but there is hope that this new pathology of the protozoa may at last solve the etiology of these diseases. Other interesting protozoa are those found in the red blood cells in the mountain fever of the Bitter Root mountains by Wilson and Chowning, the infecting agent being possibly a wood-tick, and also the trypanosoma of the African sleeping sickness believed to be conveyed by the tsetse fly.

Interesting as these etiologic studies are, there are other problems more urgently demanding a solution by us, more urgent because more commonly met with by all clinicians; these are the problems of the accurate interpretation of the condition of the kidneys as judged from our urinary analyses and the causation of uremia and eclampsia. It is not claimed that these problems are the chief problems of medicine to be solved, but they are among the most common that we daily meet with, and it would seem proper that more combined effort of clinicians and laboratory workers, acting in the closest and heartiest co-operation, should be put forth in the near future to obtain more knowledge than we possess at present.

Dr. Richard Cabot, in the last Cartwright lectures at the College of Physicians and Surgeons in New York, very forcibly drew attention to the inaccuracy of the urinary findings when compared with the pathologic conditions found on postmortem examination. We can judge from the urine that acute and chronic inflammation of the kidneys are present, or we may realize that an acute inflammation is engrafted on a chronic. Experience has taught us that the signs of renal disturbances seen in the early periods of infectious diseases are usually due to an acute degeneration, which is usually recovered from, and that these same signs coming in the later periods of these diseases are of more serious import and usually due to the serious lesions of the kidneys; but the urinary findings may not show it. In the chronic forms of nephritis, examinations of the urine often baffle us in our endeavor to gauge the condition of the kidneys, and often give but little assistance in estimating the progress of the disease, or the all-important question for the patient—that of prognosis. Albumin and casts, which are usually relied on, are often of less value than the total solids excreted; but take whatever constituents we will, our knowledge is inaccurate, and the examination of the urine, when we wish to rely on it, is often misleading.

Relying on what knowledge we have, we not infrequently find uremia developing when we least expect it, and we are as yet ignorant of its causation. All theories so far advanced, whether it be the retention of the urea, carbonate of ammonia, or of other poisons in the blood, or Traube's theory of thinning of the blood serum and increased arterial tension, do not explain it. We are often struck by the fact that uremia occurs while the kidneys are secreting a fair amount of apparently sufficiently good urine, and, on the other hand, anuria may last for days and no uremic symptoms develop, and yet the patient die apparently from cessation of kidney function. Bradford has shown how small an amount of kidney tissue is necessary to carry on the renal functions without serious disturbance in the organism. This observer removed two-thirds of all kidney tissue from dogs without apparent injurious effect. There was an increase in the amount of water eliminated, but the excretion of urea varied little from the normal. When, however, three-fourths of all kidney tissue was removed, with the increased elimination of water there was an enormous increase in the excretion of urea, and the dogs rapidly emaciated, with marked atrophy of the muscular tissue, and died from asthenia, but no convulsions or uremia developed. The theory of Brown-Séquard expressed years ago is interesting in this connection—that there is an internal as well as an external secretion of the kidney, and uremia is due more to a cessation of the internal secretion than to the retention of the excrementitious products in the system.

But our theories do not explain the facts, and only the most systematic clinical work in co-operation with quantitative urinary analysis and controlled by pathologic observation, will solve the problem, and the facts urgently demand such work.

To the physician there is no condition more trying to deal with than eclampsia; while it has usually been classed as uremia, occurring during pregnancy, its pathology, and some recent work on this condition seem to prove that there are probably several conditions classed under this name, and the kidneys are often but secondarily involved. We find normal kidneys and kidneys in various stages of acute and chronic nephritis. More striking are the lesions found in the liver, and these lesions are those of degeneration and necrosis, with multiple hemorrhages similar to those of acute yellow atrophy. The problem, therefore, is for us to solve whether we are dealing with primary renal disease, or one of hepatic or other toxemia. A recent article by W. S. Stone places these conditions very fairly before us. Nicholson has also recently drawn attention to the im-

portance of the secretion of the thyroid gland in pregnancy and to the fact that certain cases of eclampsia with the firm, hard subcutaneous edema are cured by thyroid extract, and may be due to the lack of this glandular secretion. This is, however, but another toxemia requiring to be differentiated. In the hyperemesis of pregnancy and in the more pronounced conditions of eclampsia, abnormal substances appear in the urine which it is of the utmost importance to recognize. Leucin and tyrosin are present, and the nitrogen is excreted as carbonate of ammonia as well as urea. Excess of ammonia and not the loss of urea may be the danger signal. And every physician should recognize the fact that our ordinary urinary tests are here worse than useless; they are treacherous. Albumin gives no clew to the condition of the patient, and the hypobromite test for urea fails utterly to show in what combination the nitrogen is excreted, as it estimates both the urea and the ammonia nitrogen.

The problems here suggested are mentioned in the hope of stimulating work toward their solution. As has been said, it will require the closest co-operation between clinicians and laboratory workers. Such co-operation is, unfortunately, not always present, and one often sees the worker in the laboratory failing to appreciate the clinical situation and the difficulties of the clinician. On the other hand, clinicians are often prone to throw the responsibility of a difficult diagnosis on the worker in the laboratory, and, when he fails, to criticize the result and in turn throw discredit on all laboratory results.

Still others seem to feel that all specimens sent to the laboratory should go unaccompanied by any data, taking the position that any pathologist should immediately recognize any detached scrap of tissue from anywhere in the body. This is unfair to the pathologists, for, while science may be their forte, omniscience is not among their foibles. No specimen should be sent to a laboratory without a full clinical history accompanying it. The history alone can at times clear up the question between sarcoma and inflammatory and granulation tissue. The position from which tissue suspected of being epithelioma has been taken is sometimes essential for a diagnosis, because around the anus, rectum and genitals inflammation may cause cell nests which are not carcinomatous.

It is at least annoying to a bacteriologist to have sputum sent in absolute alcohol, or specimens in formalin, with the request for a full bacteriologic examination. It tries one's patience to have a little bloody piece of paper sent for a complete examination of leucocytes, malaria and a Widal reaction, or a heaped-up drop of blood, asking whether the cow from which it came had tuberculosis. I am drawing from experience, not imagination.

But confidence in new things is always a growth and a development, and is not spontaneous. Co-operation begets confidence, and experience aids in teaching what to do and what to leave undone. The rapidity of our future advance in clinical medicine will depend on the degree of co-operation we exert with the workers in the laboratories. It is for them to supply us with new facts; it is for us clinicians to apply these facts and to assume the responsibility of interpretation.

Dr. Douglas Argyll-Robertson, it is reported, is about to retire from active duties at Edinburgh, and take up residence at St. Aubins, Jersey. Dr. Robertson's name is familiar to the profession as descriptive of the "Argyll-Robertson pupil."

Original Articles.

SURGICAL LESIONS OF THE AXILLARY PLEXUS.*

JOHN A. WYETH, M.D., LL.D.
NEW YORK CITY.

Temporary paralysis following a surgical operation due generally to accident or inadvertence is sufficiently common to justify the report of the following case, which I hope may be of service in preventing a similar accident to others:

While I had met with loss of function in the peroneal muscles due to the prolonged compression of the external popliteal or peroneal nerve on the fibula as it passes along the outer side of that bone, and while my attention had been called to several cases of temporary paralysis of the extensor muscles of the forearm due to a compression of the musculospiral nerve against the edge of the operating table during prolonged narcosis, or as a result of a rubber tourniquet too tightly drawn, I had never met with any case of entire paralysis of the upper extremity caused by overstretching of the axillary plexus in the operation of removing the contents of the axilla.

This experience occurred to me in December, 1903, in an operation on a woman about 30 years of age, from whose left axilla I removed a number of tuberculous lymphomata which involved the breast and necessitated the same careful extirpation of the axillary contents as is done in the operation for carcinoma. The pectoralis minor and the pectoral portion of the pectoralis major muscles were sacrificed in order to insure the thorough removal of all infiltrated tissues. The dissection was not difficult, the axillary plexus was in no way directly injured, nor were any of its branches divided excepting the usual small filaments which were distributed to the pectoral muscles. In other words, the operation was done exactly as I had performed it in a great many instances, and I was much disturbed to find that there followed a complete paralysis of both sensation and motion in the entire left upper extremity. As a rule, I entrust the elevation of the arm on the side of the operation to the care of one of my regular assistants, but in this instance, being requested by a visiting physician who expressed the desire to witness the operation from a point of vantage, I asked him to take charge of the arm and to keep it elevated during the operation. I can account for the paralysis in no other way than the hyper-extension of the arm, which stretched the three branches of the axillary plexus over the head of the humerus as it was thrown down into the axilla by the extreme degree of elevation. This was, however, my own fault, and it is not noted in any spirit of criticism, nor as a disclaimer of responsibility, for it is the duty of the operator to guard against just such accidents. About six weeks after the operation sensation, of numbness and slight shooting pains suggested the return of sensibility, and this was soon followed by ability to move certain of the muscles of the member involved. These favorable symptoms increased gradually, and by the aid of massage and the earnest efforts of the patient, at this date, five months after the operation, every muscle of the arm is restored to its function and sensation is normal.

I have met with four cases of neuromata of the axillary nerves (all in women) in the course of my operative experience. Each of these cases was accompanied by severe neuralgic pains, with slight interference with free-

* Read at the Fifty-fifth Annual Session of the American Medical Association, in the Section on Surgery and Anatomy, and approved for publication by the Executive Committee.

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dom of motion, but in no case with complete paralysis of any muscle or group of muscles of the extremity. In two of the cases the pains became so severe that the patients were drifting into morphinism and insisted on radical measures of relief. In two instances the tumor had swelled the substance of one cord of the axillary plexus to four or five times its normal size, was fusiform in shape and tapered gradually above and below into the normal size of the cord. They were removed by excision, which relieved all the symptoms of pain, and, of course, produced paralysis of the muscles to which the fibers of this particular cord were distributed. However, in both instances the patients expressed themselves as entirely satisfied with the result, both were living ten and twelve years after the operation and were in excellent general health.

The third case of incipient neuroma of the middle cord of the axillary plexus came under my observation in March, 1904. The usual symptoms of darting pains along the arm and forearm were present. I exposed the nerve and contented myself in this operation with incision and removal by dissection of the thickened sheath in the direction of the nerve bundles. Three months have elapsed since the operation, and, while the above symptoms have not entirely disappeared, they are much less severe, and the patient expresses herself as entirely satisfied with the result.

The fourth case was that of a woman, 24 years of age, the mother of two healthy children, respectively 5 and 3 years of age. There was no specific history in the family, although both grandmothers had died of tuberculosis. She was always in excellent health, excepting for occasional attacks of migraine. In March, 1891, a slight swelling, which had been preceded by peculiar sensations in the arm and the forearm of that side, was noticed in the left supra-clavicular space. I was not able to satisfy myself as to the cause of these symptoms without exploration, which was advised and performed in that year. Exposure of the axillary contents disclosed two fusiform neuromata, one involving the outer and one the inner cord of the brachial plexus. These neoplasms in their middle or largest portion were fully one-half of an inch in diameter and were so situated that they were compressed between the clavicle and the first rib, unless the arm and shoulder were elevated. Realizing that excision would produce almost complete paralysis of the upper extremity, I divided the clavicle, closed the wound and immobilised the shoulder and arm in such position that union took place with the collar bone arched sufficiently high to secure freedom from pressure on these neoplasms. For two or three years after this operation, although there appeared to be still further enlargement of the neuromata, the patient's condition was vastly improved. Thirteen years have now passed, and for the last decade no further enlargement is perceptible. The left arm is larger than the right, while the forearm is quite normal. The patient's general health is excellent, and the only unpleasant symptoms which persist are occasional darting pains, usually in the left arm, but occasionally in the opposite arm and leg. A unique feature of this case is involuntary spasmodic muscular contractions during sleep. These contractions are not confined to the affected member, and are especially noticeable when the spasmodic action of the muscles of the lower jaw bring the upper and lower teeth together with a snapping sound.

DISCUSSION.

DR. JOHN B. MURPHY, Chicago—It is common to have paralyses following this operation. This is something to remember. I have known paralysis of the deltoid to follow an operation for appendicitis. Cases of paralysis of the musculo-spiral are more rare now than they used to be. These cases do not always get well, and some of them will degenerate from pressure in spite of all one can do. We should avoid all extreme positions which produce pressure on the nerves.

DR. WALTER M. BRICKNER, New York City—Pressure paralyses should be prevented not only by avoiding any extreme tension on the arm itself, but also by changing the position in which the arm is placed from time to time. I remember a case in which there was a double arm paralysis. These cases are usually more the fault of the anesthetist than of the surgeon, although the casualties have to be accounted for by the latter. Not only the stretching of the arm itself, but also the pressure of the straps on the shoulders is a frequent cause of paralysis. Placing a roll of towels between the straps and the shoulder, or using the anesthetist's own hand, is a good scheme. Another dangerous position is for the arm to hang alongside the table. The anesthetist is responsible for this condition, and his attention should be called to the danger of maintaining the arm in one position, or of allowing it to hang at the side.

DR. E. W. HOLMES, Philadelphia—If one takes a dissection of the upper extremity with the bicipital and annular ligaments in place, and abducts the arm forcibly away from the body, with the forearm held straight, one will notice that the brachial plexus comes up sharply against the coracoid plexus, which, with the head of the humerus already mentioned, makes the points of leverage. The tension may be lessened by holding the hand in supination and flexing the forearm on the arm which may in an operation be so held by an assistant. In an operation for an aneurism of the transverse part of the arch of the aorta, I was ligating the third part of the subclavian, which was rendered more difficult by the presence of a wide scalenus anticus muscle and a posterior scapular artery from the third portion, which the Germans consider the ordinary, but in my experience in this country is an anomalous origin; anyway, it adds to the difficulty in tying the third part of the subclavian, and, I suppose, we unintentionally made undue traction on the brachial plexus. A part of the loss of power may have been due to the ligation, but the greater part was due to the overstretching of the plexus; the patient lived some six or eight weeks, but never recovered the full use of his arm. We are indebted to Dr. Wyeth for calling our attention once more to this danger of paralysis from overstretching the brachial plexus below the clavicle or by too great tension on the same plexus in its position above the clavicle.

DR. J. E. SUMMERS, Omaha—It is common now to use an operating table which has catches to hold the shoulders, and I have seen several cases of paralysis result from their use. These tables are very highly recommended, but they should be well padded before they are used.

THE MATAS TREATMENT OF ANEURISM.*

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In 1903 Dr. Rudolph Matas presented to the American Surgical Association his classical paper on the radical cure of aneurism. Matas' method of operating combines the advantages of ligation and excision, while at the same time it is easier, safer and may be more conservative. The operation is suitable both to the fusiform and sacculated forms of the disease. After applying a constrictor above the site of disease, if in a limb, or temporarily ligating the proximal and distal trunks, if the carotid is the vessel at fault, one cuts into the sac, thoroughly removes the contained clots, rubs the serosa with gauze and proceeds to insert sutures. The sutures, preferably catgut, are first applied to the openings of all vessels entering or leaving the sac, then the deeper portions

* Read at the Fifty-fifth Annual Session of the American Medical Association, in the Section on Surgery and Anatomy, and approved for publication by the Executive Committee.

of the sac are closed by two rows of continuous Lembert sutures. The elastic constrictor is now removed, and if any blood escapes one or two points of suture are inserted to control this. The next step consists in folding the excess of sac wall on itself, and in doing so inverting the edges of the skin wound.

The operation carried out as described has been very successful, and in some cases of sacculated aneurism the circulation may be re-established through the repaired vessel. As Matas' operation has not yet been frequently performed, I deem it the duty of those who have had even slight experience with it to publish their results. This is my excuse for the present short paper and report of a single case:

J. K., 32 years, laborer. Fairly hard drinker, as evidenced by his statement and face. Several attacks of gonorrhea. Syphilis at 27, with apparent cure under treatment. When 25 years old was confined to bed for six months with rheumatism. Has had no recurrence of this. Developed an inguinal hernia three years ago; now wears a truss. Two years ago suffered from an acute pain shooting down the calf of right leg. A tumor soon appeared in calf and has increased steadily in size. The affected calf measures 18 inches in circumference (the normal one being 12 inches).

Examination.—One finds an expansible, pulsating tumor of the calf reaching up into the popliteal space. Well-marked bruit over tumor. Posterior tibial pulse delayed. There is no tenderness and only a little pain, which is referred to the foot.

Diagnosis.—Popliteal aneurism.

Operation.—Nov. 10, 1903, Sisters' Hospital. Chloroform. Elastic constrictor applied to thigh. Incision into the tumor through the attenuated gastrocnemius showed a cavity 6 by 3 inches in diameter, largely filled with a very dense, lamellated fibrinous mass. This mass was removed. The aneurism sac was thick-walled and markedly atheromatous. Only one opening into the sac could be found and this was closed by catgut sutures. The whole sac was now obliterated by several rows of Lembert sutures and the superficial wound closed without being inverted. Dressings were applied and the patient returned to bed with his limb elevated, before the elastic constrictor was removed.

November 17. A slight elevation of temperature led me to change the dressings, when some bloody pus escaped from the wound. There was neither pain nor redness. Drainage and cleanliness led to recovery. Up to date there has been no recurrence.

The above case was evidently one of sacculated aneurism. Efficient circulation was promptly re-established, but the posterior tibial pulse can no longer be felt. The suppuration was undoubtedly due to some avoidable contamination acting on non-resistant tissues. The details of the operation were not exactly those of Matas. It seems to me that complete closure of the sac by means of sutures must give better assurance against recurrence than closure of a portion of it by two rows of sutures and obliteration of the rest by inverting the skin. The operation, in the case of popliteal aneurism at least, is one of great ease and apparently of as great safety and efficiency.

DISCUSSION.

DR. RUDOLPH MATAS, New Orleans—Dr. Binnie adds one more experience to this procedure. In popliteal aneurism the procedure employed was very simple, and the simplicity of the operation is a great point. The modification in dealing with the sac is important. Suppuration persisting in a case does not at all conflict with the final results, and similar cases have been reported where the suppuration had no effect. I have had one such case in my own practice. Such cases multiply and the modifications proceed wisely. The fundamental point at first was the free exposure of the sac with a minimum disturbance of the surrounding tissues. The vessels should be controlled by suture. The size of the sac will be reduced by simple sutures in tiers. The restoration of the lumen is possible in many cases, and almost every one of the cases reported have illustrated these points. I know of eight cases in which this procedure has been tried by others with a curative effect. Various modifications present themselves in practice, and it may be possible, according to the condition of the sac, to reconstruct the vessel. Some of these modifications relate to the metastatic control. Aneurism at the root of a limb requires a different technic. Compression of the lumen must be obtained. Topographical distribution also causes certain modifications, as does the condition of the sac itself. In many cases we may be able to restore the lumen, but in any case, if this is not possible, we may do it good.

DR. JOHN B. MURPHY, Chicago—In trauma of the popliteal artery, where aneurism follows, the mortality is enormous. I changed my method of operating on these cases to my sorrow as to results, but not to my sorrow as to my belief in the method eventually proving a good one. [Dr. Murphy then gave a blackboard illustration of his method.]

DR. H. O. PANTZER, Indianapolis, reported the case of a patient who was shot through the thigh twelve years before, in whom a popliteal aneurism developed. He gave a blackboard demonstration of the operation.

DR. BINNIE—Dr. Murphy's method has one or two points which may be criticised. He makes one portion of the wall of the aneurism overlap the other. One portion of the aneurismal sac must be separated from the surrounding structures, which makes the sac wall even more non-resistant than before. In other words, Matas' method does not interfere with the nutrition of the wall, while Dr. Murphy's does.

*Symposium on Research Work in the United States.**

THE CARNEGIE INSTITUTION.

J. S. BILLINGS, M.D.
NEW YORK CITY.

The Carnegie Institution of Washington was established by Mr. Andrew Carnegie in 1902. Its work up to this time has been largely tentative and experimental, seeking for information and advice as to what is most needed in its line of work.

ITS ORGANIZATION AND FUNDS.

It has recently been reorganized under the provisions of a special charter granted by Congress in which its objects are declared to be "to encourage in the broadest and most liberal manner, investigation, research, and discovery, and the application of knowledge to the improvement of mankind." In general, it may be said that its objects are similar to those of the Smithsonian Institution, which are "the increase and diffusion of knowledge."

A part of its income is set aside as a reserve fund for building or other purposes and another part is reserved for expenses of administration and printing. Omitting these, it has about $300,000 per year to expend on its work. The Carnegie Institution has asked for and obtained the opinions of many leading men in science, history, archeology and other branches of human knowledge, and has also received much advice beside, on the question as to what it should do. Of course these opinions and this advice have been more or less contradictory, but I will not waste your time by giving an account of the various schemes proposed.

THE RESEARCHES NOW IN PROGRESS.

You are more likely to be interested in what the institution is actually doing or proposes to do in the near future, and this I will try to tell you.

The first two purposes of the trust, as named by Mr. Carnegie in the original trust deed, are:

1. To promote original research.
2. To discover the exceptional man in every department of

*Presented to the General Meeting, at the Atlantic City Session, Tuesday evening, June 7, 1904.

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study and to enable him to make the work for which he seems specially designed his life work.

For the first of these purposes a number of scientific men are now engaged in researches; the following are examples:

In anthropology: An ethnologic investigation among the Pawnee Indians.
In archeology: An investigation into central Asian archeology.
An investigation of monuments in Egypt and Nubia.
A study of Oriental art as recorded on ancient seals.
In astronomy: Measurement of stellar parallax.
Determining the elements of the moon's motion.
A study of the sun with special reference to eruptive phenomena and sun spots. With this is correlated an investigation of terrestrial magnetism and of changes therein. This will be of great interest, and may prove to be of great importance. It will take at least twelve years' work.
In botany: Establishment of a desert botanical laboratory.
In chemistry: Investigation of atomic weights.
Investigation of rare earths.
In physics: Research on terrestrial magnetism.
In zoology: Preparation of the history of engraving in the United States, including taxation, labor questions, etc.
In engineering: Research in locomotive testing.
In geology: Research of effects of high temperatures and pressure on various rocks.
Research on subterranean temperatures.
In history: Research in unpublished archives relating to the history of the United States.
In biology: Establishment of a laboratory for experimental research on evolution, development and heredity, and of a marine biological laboratory.
Investigations on mendelism.
In physiology: Investigations on nutrition and food.
Investigation on speech.
Investigation on adrenalin.

The results of this group of biologic researches may be ultimately of great interest to physicians. The Carnegie Institution has not thus far undertaken any work in the fields of pathology or practical medicine, except that it contributes $10,000 a year toward the publication of the *Index Medicus*, which many of you know something about.

THE LIMITATIONS OF THE INSTITUTION'S FIELD.

Of course the entire income of the institution could be usefully expended in medical research, but the general principles of its work, as agreed to by the trustees, would not permit of this.

The institution will not undertake work which is being done or which can be better done by other agencies, or to enter the field of applied science except in unusual cases. It leaves the field of pathology and preventive medicine to the Rockefeller Institute, and the field of practical medicine and pharmacology to the many workers already engaged therein. It will not contribute money for the preparation and publication of treatises on philosophy, logic, metaphysics or theology, or on technology. It does not dispute that all of these are good objects worthy of aid and encouragement, but the applications for grants which have been made to it amount to $2,000,000 per annum, or nearly seven times its available income, and it is, therefore, compelled to make a selection.

THE SELECTION OF WORKERS.

In making this selection there has been kept in view the second of the two objects of trust above referred to, viz., to find the exceptional man and give him a chance. This is not an easy thing to do. Those who have shown that they are exceptional men are busy, they all have places, and the great universities and corporations are looking out for them and are ready to make places for them.

The Carnegie Institution has obtained the services of a few of them, astronomers, physicists, chemists, geologists, historians, biologists, and the possibility of doing this has several times determined its choice as to the particular line of research which it would attempt to aid.

There are a number of young men, and a few of middle age, in this country, who think that they are exceptional men, but who have had no chance to prove it.

To give some of these a chance to demonstrate their ability the Carnegie Institution has agreed to employ about twenty research assistants, allowing from $600 to $1,500 per year to each. No limitations as to age, sex or residence are prescribed, but the places are not intended for candidates for a university degree. Work of an advanced and special character is expected and the applicant should know what he wants to do, and have some definite idea as to how he intends to attack the problem. If appointed, he must report the results of his work at the end of the year. He may be reappointed.

Last year twenty-five such assistants were appointed from a much larger number of applicants. One wanted to work on an astronomical problem, two in botany, two in chemistry, two in geology, two in mathematics, three in physics, three in psychology, six in zoology, etc. At the end of the year it seemed probable that three or four really exceptional men had been found, and this is a very satisfactory proportion.

We do not yet know how to produce exceptional men. Possibly the laboratory for experimental evolution may give us some information on this point in course of time. At present the most important factor seems to be exceptional mothers. Perhaps it might be possible to have too many of them, but there is no danger of overproduction at present. They are needed in every department of human knowledge and work, in science and in art, in jurisprudence and in poetry, on expeditions and administrators, as journalists and as captains of industry.

Nearly all the exceptional men are busy in some of these branches. The few who are not busy have other possibilities which limit their usefulness; they are too exceptional. Meanwhile, there is a vast amount of good and useful work in research as well as in other things to be done by the rest of us, who are not exceptional, at all events, not uncomfortably so, but who have each his special opportunities for contributing something to the sum of human knowledge and to the welfare of mankind.

In conclusion, the Carnegie Institution of Washington is spending about $120,000 a year on researches which will require several years before definite results can be expected. It is spending about the same amount in investigations which it is hoped will give definite results in from one to three years. Probably no one man would approve of all of these undertakings as being the best possible things to do—the choice has been difficult—but we have done our best in the selections made, and shall be glad to receive advice and criticisms from all who are interested in the progress of science, and among these I feel safe in counting the physicians of the United States.

THE ROCKEFELLER INSTITUTE FOR MEDICAL RESEARCH.

BY HERMANN BIGGS, M.D.
NEW YORK CITY.

How did Mr. Rockefeller come to be interested in medical research, is a question that has often been asked, and its answer may well serve as an introduction to our remarks. Several years ago a close personal friend first suggested this as an important field in philanthropy and one as yet wholly neglected in this country. The discovery of diphtheria antitoxin made a deep impression on his mind. He was much interested in this great achievement and in its beneficent results, and it was the presentation of the facts connected with this discovery, with the explanation of the steps by which it was reached, which I think finally crystallized his thought to establish an institute the purpose of which should be to further such beneficent work for humanity.

Once convinced of the need, the next question was, Could such work as this be done in this country? Mr. Rockefeller was led to believe that it was not the ability which was wanting here, but only the opportunity. It was explained to him that what had already been accomplished in advancing medicine in America had been in spite of the fact that our earnest and able men were either physicians in active practice, or, if laboratory workers, they held academic positions where their energies must be devoted to undergraduate teaching, little or no time being left for the work of research.

With these facts in mind a board of directors was formed, and the Rockefeller Institute for Medical Research was incorporated in the spring of 1901. Mr. Rockefeller pledged $200,000, which was to be drawn on by the board during the next ten years for this work. The purpose of the institute, as stated in his words, was "to promote original investigation into the causes, prevention and treatment of disease." This orig-

inal pledge was intended for preliminary work, since neither the donor nor the board of directors had any very definitely formed plan of organization or lines of development.

It was decided that the sum placed at the disposal of the board could be used at first in no better way than to create a number of fellowships which should be placed in existing laboratories, and thus aid in carrying out investigations actually in progress but halting for lack of funds, or else, in starting new investigations which seemed especially promising. In this way it was thought that some immediate results might be reached. An additional purpose, it was believed, might also be accomplished, not less important than those just mentioned, and this was to discover where were the men in this country who were anxious to devote themselves to research work, and what were their qualifications.

The plan of making grants in the form of fellowships to aid investigation has been continued for the past three years. During this time 81 grants have been made to persons for work in this country, while with the assistance of the institute, four persons have been sent to Europe for work in the laboratories of Koch and Ehrlich, Germany, and one worker is now in Manila studying smallpox under the direction of Dr. Councilman of Boston.

The range of subjects for study has been already quite a wide one, relating not only to bacteriology and pathology, but also to practical medicine. As examples of the latter may be mentioned: the investigation of the milk supply of New York City; the study of the effects of feeding different kinds of milk in the tenements; the relation of the bacillus of dysentery (Shiga) to epidemics of dysentery and to the diarrheal diseases of infants.

By the end of the first year it had become clear to the directors that although much valuable work might be done by aiding special investigations by grants of money, the best work of the institute could not be accomplished in this way; that for its greatest usefulness centralization was a necessity, in a building of its own, with its own organization and corps of workers, whose whole time should be devoted to the work of research. A general plan embodying these opinions was presented by the board of directors to Mr. Rockefeller, who then added the sum of $1,000,000 to his original pledge to carry out the plan of the board thus presented. This was not designed as endowment, but was to be used for the purchase of land, erection of buildings, and the support of the work during the first ten years.

In accordance with this scheme a plot of land sufficient not only for the present needs, but the future requirements of the institute, has been purchased in New York, situated between Sixty-fifth and Sixty-seventh streets and fronting on the East River. Plans for a laboratory building 60 by 160 feet, five stories high, have been completed. It is expected that work will be begun on this building in the course of the next few weeks. The plans of the institute laboratory building have been carefully drawn after visits by four members of the board of directors to the important European institutes, for the purpose of getting the advantage of the most recent experience in matters of construction and equipment. It is expected that the new building will furnish facilities for work in bacteriology, pathology, physiologic chemistry and pharmacology. The general scope of the work will perhaps more closely resemble that of the Pasteur Institute than that of any other. Dr. Simon Flexner, late professor of pathology in the University of Pennsylvania, will be director in charge of the work in the new institute building. As a preparation for his new duties he is spending the present year in Europe. Pending the erection of the building, which will require at least a year, temporary quarters for the institute have been secured, and it is expected that the work will be begun in these by Dr. Flexner and his associates next fall.

The organization of the institute is such that none of the men connected with it will hold teaching positions, so that they will be free to devote their entire time to research.

While no plans have been made for teaching even small classes, as in many of the European institutes, it is expected that facilities will be afforded to outside physicians to carry on their own investigations under supervision.

With the establishment of the laboratory in New York it is not, however, expected that assisting outside investigations will be given up, although this may not be carried on to so great a degree as at present.

The next step contemplated in the development of the work is the erection of a small hospital contiguous to the laboratory building, in order to connect clinical and scientific work as closely as possible. With such a hospital it is hoped that scientific therapeutics, as well as pathology, may be studied. It has been from the beginning, and will be in the future, the aim of the institute to keep close to the practical side of medicine; three of its directors being identified with clinical medicine. At present the board consists of seven members, all physicians, and these have been the sole trustees of the fund. Thus far they have had, as doubtless in the future they will have, a free hand to organize and develop the work along the best lines, untrammeled by tradition, or by any non-professional board of directors. It has been the idea of the board to proceed deliberately, beginning in a small way, letting the institute develop gradually along natural lines, being ready to shape itself to new needs as they might be presented.

THE MEMORIAL INSTITUTE FOR INFECTIOUS DISEASES.

FRANK BILLINGS, M.D.
CHICAGO.

The institute of which I desire to speak to you can not rank in wealth with the other institutions mentioned. It is small, modest in its beginning, and has for its location Chicago.

The Memorial Institute for Infectious Diseases was organized January, 1902, by Mr. and Mrs. Harold F. McCormick, of Chicago, in memory of a son, who died of scarlet fever in January, 1901. At first their object was to study the cause of scarlet fever alone, but a few of their friends of the medical profession persuaded them that the conduct of a laboratory alone for the study of the cause of this disease was not the proper method of procedure, and the founders finally modified the plan by incorporating a hospital with it, and it was then named the Memorial Institute for Infectious Diseases. The institute has been wrongly named in some periodicals as the McCormick Institute for Infectious Diseases.

The founders desired to begin work at once, and within one year of the death of their son two isolated houses were rented from the Presbyterian Hospital of Chicago, in which were placed ten beds, and arrangements made with the Presbyterian Hospital for the care of these patients, nursing, feeding, etc., and the experimental work was carried on in the pathologic laboratory of Rush Medical College. Dr. Ludvig Hektoen was chosen its director, and he with a corps of assistants, has been busily engaged ever since. The board of directors consists of five, three of whom are medical men and two laymen, one a relative of the McCormick family, who are thoroughly in accord with all efforts that have been and are being made for scientific work.

Within the last year one individual gave the institute a block of ground, situated on the South side of Chicago, worth at least $150,000. Another individual has subscribed a sufficient sum of money to erect a laboratory and a pavilion to contain beds for the treatment of at least fifty people. We hope to erect this pavilion and laboratory within a year. Within the last year Mr. and Mrs. McCormick generously donated a sufficient sum of money to endow the *Journal of Infectious Diseases*, probably the first endowed medical journal in the United States. This journal will be issued monthly, or as often at least as a sufficient amount of material has accumulated for this purpose.

The scope of the work of the institute will be to investigate all of the acute infectious diseases except smallpox. The ordinances of our city prevent us from investigating and

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taking care of these cases in the institute. By request, the present efforts will be almost entirely directed to scarlet fever.

During the first year 125 cases of scarlet fever were treated and investigated; during the second year 85.

The enthusiasm with which the work has been received in Chicago gives promise that there will be other contributions for the erection of pavilions and the treatment of measles, whooping cough and other infectious diseases. Later on we may hope to grow until we may treat or investigate any of the infectious diseases.

RESEARCH WORK AT THE HARVARD MEDICAL SCHOOL.

HAROLD C. ERNST, M.D.
BOSTON.

The data for this summary of research work done in connection with the Harvard Medical School, were obtained from answers to the following questions: As to how many individuals are connected with the department—both as teachers and engaged in research; as to how many places for research workers—in addition to the regular teaching force—exist in each department; as to whether there are any funds that can be drawn on for the assistance of research work independently of the money contributed by the school; as to what the facilities for research are; and as to what researches are now being carried on in each department.

Questions of this nature were addressed to all the departments in the school having laboratories attached to them, or having influence over laboratories not directly under the control of the school.

In making up such a summary as this, at this time, the present condition of affairs is all that is considered. No account is taken of the new buildings of the school, now being erected, nor of the very greatly increased facilities that will be at the service of the departments, when these buildings are completed.

There appear to be fourteen such departments, or laboratories, engaged in research work, as commonly understood—excluding, in this instance, clinical research.

In summarizing the replies obtained to the questions, it is exceedingly difficult to make exact statements, but the attempt will be made to claim no more than is properly to be allowed to the influence of the school.

Taking up the departments in order, the first would be that of anatomy, and the head of that department makes the statement that there are thirteen instructors and others in the department, more or less actively engaged in research work; that there is an indefinite number of places for research workers (on the table the number is placed at ten); that there is a small fund that can be drawn on for the assistance of research work; that the facilities for anatomic study are abundant; and that there are five distinct lines of research now being carried on in the department.

The department of histology and embryology states that there are four instructors, and others, engaged in research; that there are three places for research workers; that there are no funds that can be drawn on for the assistance of research; that the facilities are those of a first-class laboratory, with a very large and unique collection of serial sections of embryos, and a first-class working library; and that there are seven researches being carried on at present.

In the department of physiology there are five instructors and others, engaged in research; there are eight places for research workers; there are funds that can be drawn on for the support of research work; the facilities are those of a well equipped laboratory, together with a large library; and that there are eight researches being carried on.

In chemistry there are nine instructors and others engaged in research; there are about fifteen places that can be occupied by research workers; there are no funds that can be drawn on; the facilities offered are fair, together with a good working library; and there are eight researches now being carried on.

In pathology there are sixteen instructors and others connected with the department and engaged in research; there are twelve places for research workers; there are no funds; the facilities are excellent, together with a good working library; and there are nine major and some minor researches now under way.

The next two laboratories are more or less intimately allied with the department of pathology, for the reason that the heads of these laboratories are a part of the teaching force of the school, but their direct control, together with the funds and the library, are under the trustees of the hospitals to which the laboratories belong.

The first is the laboratory of the Boston City Hospital, in which there are eleven instructors and others engaged in research; there are fifteen places for research workers; there are no funds that can be drawn on; the facilities are very extensive, together with a large hospital library; and there are at least ten researches now being carried on.

The second is the laboratory of the Massachusetts General Hospital, in which there are two instructors and in which there were twenty-five research workers in 1903, with about twenty places permanently open; which has a considerable fund for its support; has excellent facilities and a large hospital library; in which there are seven researches now being carried on; and from which twenty-one were published during 1903.

The next department of the school is that of bacteriology, in which there are sixteen instructors and others more or less actively engaged in research; there are ten places for research workers; there is a small fund that can be drawn on for the assistance of research work; in which the facilities are those of a well equiped laboratory, together with a good working library; and in which eight researches are now going on.

Affiliated with this department in the same way, and for the same reason that the laboratories of the Boston City Hospital and the Massachusetts General Hospital are affiliated with the department of pathology, but, of course, entirely independent of it, is the laboratory of the Board of Health of the city of Boston. The head of this laboratory is an instructor in the department of bacteriology in the medical school, and in this laboratory are engaged three instructors and others; it has about ten places for research workers; but it has no funds that can be drawn on for research work; its facilities are good, and there are now eight lines of research being pursued.

The department of comparative pathology reports that there are two instructors, with five places for research workers; that there are no funds that can be drawn on for the assistance of research work; that the facilities are fair at present, and that there are three researches now being carried on there. The head of this department makes the note in his communication that subjects are not listed as researches until they have actually reached the point where something worthy of publication has been accomplished.

The department of hygiene has two instructors; three places for research workers; has no funds that can be drawn on; has the equipment of a chemical laboratory, together with a small bacteriologic equipment; and is pursuing seven researches at present.

The division of surgery of the medical school has four instructors and others engaged in research; and has places for about ten research workers in the various hospital laboratories and in the school, together with considerable funds that can be drawn on for the assistance of research, although these funds are not under the control of the university, but under that of individual members of the division of surgery; its facilities are good; are distributed in the medical school and in the hospital laboratories; and eight researches being carried on under the direction of the division.

Affiliated with this division of surgery is a laboratory of surgical pathology, which has one instructor, with ten places for research workers; with no funds that can be drawn on for the support of research work; and which is "sufficiently well equipped"; there are six researches now being pursued.

The department of pharmacology and experimental therapeutics has three instructors, together with two places for research workers; has no funds on which it can draw; its facilities are limited, but include a fair working library; and there are about five researches now being conducted on the pharmacology of different poisonous plants.

A summary of these reports, placed in tabular form, brings out some interesting points.

In the first place it can be seen that there are fourteen departments and laboratories more or less directly under the control or influence of the school. There are ninety-one instructors and others, more or less actively engaged in research; there are from 120 to 140 places that can be occupied by research workers; there are only five laboratories that have any funds whatever that can be drawn on for the support of research, and of these five, two are not under the control of the university; the facilities are, in the majority of cases, extremely good, and the number of researches actually being carried on is over one hundred.

Another interesting point in the literary side of the work; there are collections of books of sufficient extent to be dignified by the name of working libraries in nine of these departments (two of them, however, not under the control of the university), and there are five card catalogues maintained with more or less activity, giving access to the literature of the subject in which the department where they are placed is especially interested. There are over 160 different periodicals, in all languages, regularly received in the school building in these different departments, and there are four journals of scientific medicine—the editorial control of which lies in members of the teaching force of the school.

The striking point in regard to the whole summary is the very great amount of activity that is manifested in this center of medical teaching in contrast with the exceedingly small pecuniary support that it has to rely on.

THE WILLIAM PEPPER LABORATORY OF CLINICAL MEDICINE.

ALFRED STENGEL, M.D.
PHILADELPHIA.

The three great institutions that have been spoken of—the Carnegie Institution, the Rockefeller Institute and the Memorial Institute of Chicago—differ materially from that of the small affair for which I am called on to speak. To borrow a quotation, if one were to compare cubs with lions, the smaller institutions, the clinical laboratories, have a very important work to perform, and one which will in the end compare favorably with the work of the greater institutions in this particular, namely, that their work is so very much more far reaching. The clinical laboratory is intended to subserve a double purpose, not only to furnish facilities and a place for investigations, but to elevate the tone of the staffs of hospitals with which these laboratories are connected.

The founder of this laboratory, who named it in honor of his distinguished father, professor of the practice of medicine in the University of Pennsylvania some time before him, recognized that there was a change in the science of medicine, in the teaching of medicine, and that laboratories were moving away from the practical department, and particularly from that more practical laboratory, the hospital. He, with great sagacity, I think, conceived the idea of establishing a bond of union between the scientific and the essentially practical in the foundation of laboratory knowledge, so that research work could be carried on by those who were practical men to a certain extent.

The founder of this laboratory forbids undergraduate teaching within its walls, the purpose being to exclude from the laboratory or from the institution the temptation of ever running the laboratory for undergraduates. It is to be thrown open at any time to any physician who may apply for the purpose of carrying on any research work, provided he can show a capacity and previous training which will justify him in availing himself of the opportunities furnished by the laboratory. The work of the laboratory, which was established in 1895, has led to the publication of a number of research works from time to time. There have been works published at different times by from fifteen to twenty-five workers, and the laboratory is affiliated with the laboratory of the State Live Stock Board, in which Ravenal and others are carrying on investigations with reference to tuberculosis.

Clinical laboratories are of recent establishment. On the occasion of the opening of this laboratory Dr. Welch, who made one of the principal addresses, stated that the first laboratory comparable to this was established in Munich at the suggestion of von Ziemssen in 1885. The second laboratory of the kind was one which was established at Leipsic by Professor Curschmann in 1892. This in point of time is the third of its kind that has been established, and I am led to believe from the amount of correspondence I have had on the subject that there are many other laboratories connected with hospitals that have been established under the inspiration of this one. The work of such a clinical laboratory can not be so far reaching as that of institutions which can liberally endow the workers as well as furnish unusual opportunities. The work must be confined more or less to the staffs appointed by the hospital with which it is connected. As a practical illustration, it is well to have such laboratories associated with hospitals, and I may refer to the fact that the Pasteur Institute, the Rockefeller Institute, and the Memorial Institute mentioned have under contemplation attachment to hospitals for practical work in association with laboratories. This is an important relation, but the great out work which the Pepper Laboratory has achieved, if it has achieved this, is to have furnished an example for the establishment of other laboratories in connection with hospitals where research work may be conducted. The readiness with which young men who will do good work, and who will give themselves up to the best work that can be done, speaks well for the necessity of such institutions as this. The effect is to elevate the tone of the staffs of hospitals and all those who come in contact with them in any way.

*Symposium on the Mutual Relations of the Government Medical Services and the Profession.**

WHAT CAN THE SERVICES DO FOR THE MEDICAL PROFESSION?

VICTOR C. VAUGHAN, M.D.
ANN ARBOR, MICH.

I have been asked and have reluctantly consented to briefly summarize what the medical services of the Army and of the Navy and of the Public Health and Marine-Hospital Service can do for the medical profession. I wish that this task had been assigned to someone more competent to speak on the subject than I. My knowledge of each of these services is limited and superficial, and undoubtedly I shall commit in this short talk many sins of omission. However, I am limited in time, and must speak without circumlocution.

Each of these services has rendered more or less of value to the medical profession in the past, and the best prophecy of what will be done in the future is to be found in what has been done in the past. The work of William Beaumont, as an illustration of what may be done for the advancement of scientific medicine under most adverse circumstances, is almost without a parallel in the history of our profession, and this work certainly should be credited to the medical service of the Army. Had it not been for the intelligent and sympathetic interest taken in his researches by the first surgeon general, Beaumont with all his energy and devotion to the problem which he attempted to solve, could not have prosecuted the work as successfully as he did. The surgeon general granted Beaumont frequent and prolonged leaves of absence in order to give him time and opportunity to carry on his experiments; supplied him with rare and costly books bearing on the physiology of digestion, and, in short, did everything possible to assist this early pioneer of

* Presented to the General Meeting, Wednesday evening, June 8, 1904.

American medical science in his attempt to advance human knowledge. From 1600 to 1861 many army surgeons made more or less valuable contributions to the world's knowledge of the botany, zoology and ethnology of the country west of the Alleghanies. As a type of such work I will mention that of Fischer, whose writings are found in the large volumes edited by Schoolcraft and published by the government. The War of the Rebellion developed in both the medical service of the Army and that of the Navy men who have enriched the profession by original contributions, and the medical and surgical history of this war contains much of real and permanent scientific value. The editorial work done on these volumes by Woodward, Otis, Huntington and Smart is deserving of the highest professional recognition, and much could be said, had I time, of the many and valuable contributions contained in these great volumes, contributed by earnest medical men, many of whom made thorough records of their cases on the field, in camp, and in hospital. The library of the surgeon general has placed at the disposal of the profession in this country, under certain necessary restrictions, one of the most complete lists of medical books to be found in the world. The Index catalogue and the Index Medicus enable us to find ready reference to the medical literature of the world. It is difficult to estimate the value that this great medical library is to our profession. It is widely appreciated and largely used by earnest medical men in every part of our country.

Barton of the Navy and Lottermann of the Army deserve credit for securing the proper organization of their respective corps. Sternberg of the Army deserves especial credit for his early and thorough work in bacteriology, and especially for his investigations in yellow fever. He showed quite conclusively that this disease was not due to bacteria, and it was necessary that this demonstration should be made before there was justification to look for the cause of this disease elsewhere. Carter of the Marine-Hospital Service, by his intelligent observation of the period of incubation in yellow fever, did much to put Reed on the right path in the brilliant investigations carried on by the Army Commission in Cuba. The work of Reed, Carroll, Lazear and Agramonte, which terminated in the discovery of the fact that yellow fever is transmitted by the stegomyia is one of the brightest pages in the history of science, and the practical application of this discovery by Gorgas of the Army and Ross of the Navy should convince all intelligent people of the beneficence of preventive medicine. Turner, Gihon, Siegfried and Wilson of the Navy were earnest and productive workers in hygiene. We are largely indebted to LeGarde of the Army and Stitt of the Navy for their careful work on the effects on the human body of modern small caliber projectiles. Crane and Shufeldt of the Army and Flint, Rauchenberger and Jones of the Navy have made valuable and original contributions to natural history. Beyer, Kitter and Wales of the Navy deserve honorable mention for their papers bearing on pharmacology, physiologic chemistry and therapeutics. The Marine-Hospital Service early appreciated the possible value of diphtheria antitoxin and sent one of its most competent men to Europe in 1894 for the purpose of studying this preparation. The work of Kinyon of the Marine-Hospital Service at San Francisco, subsequently confirmed by the able board of experts sent by the surgeon general of the Marine-Hospital Corps to San Francisco, deserves commendation from the profession. The study of the prevalence and geographical distribution of hookworm disease in the United States, so ably conducted by Stiles of the Public Health and Marine-Hospital Service, is a credit to the profession as well as to the service for which the work was done. The investigations carried on by Strong, Craig, and others of the Army on malaria and other tropical diseases, have contributed largely to our bacteriologic and clinical knowledge.

I have made these brief references to what has been done in the past in order to remind you that the medical profession is already largely indebted to the federal medical services for valuable contributions. It is true of the men in these services, as it is true of those of us in civil life, that much has been left undone; that we have not been sufficiently attentive to scientific medicine; that we have not always utilized even those opportunities that come to hand; that we have sometimes fallen into slothful and careless ways; but I have said enough to show that all of the services that I have been called on to discuss have not been without value to scientific medicine, and I will now turn to a statement of what, in my opinion, these services may do in the future for the advancement of our profession. As time presses on me, I will condense my views on this subject and state them as follows:

1. In all of these services scientific research should be encouraged. This encouragement should manifest itself in the first place by furnishing competent energetic men in the service with every facility possible to carry on any research that they may desire to undertake. There is no Army post, naval station, or marine hospital at which scientific work might not be done if the man is there to do it, and if he has the facilities to work with. In the second place, men in all these services should be invested for meritorious scientific work. The men in the line is encouraged to do his best because he is always conscious of the fact that for service of signal value a reward comes with a fair degree of certainty. Why should this not apply to men in the medical service? Again, men in any one of these medical services who are willing and competent to undertake research work should be detailed to study in the best laboratories in this and other countries. This in and of itself would be considered by many as a reward for meritorious service.

2. Men not in these services might be called on more frequently than they have in the past when some problem is under investigation, and when such men possess unusual knowledge along the line of study. An admirable illustration of the good that may come from the selection of a commission outside of the service is that furnished by the plague commission sent to San Francisco by the surgeon general of the Marine-Hospital Service.

3. Special commissions consisting of men in the service or of those in civil life, or mixed commissions, should be more frequently sent out to study tropical diseases. The brilliant record made by the Reed Commission in studying yellow fever in Cuba should stimulate work along this line and should lead to the sending out of other commissions. The Army Medical Service should not rest on its laurels, so brightly and so dearly won by Reed, Lazear and their fellows, but should continue to work. It should not be left to an English or a French or any other foreign commission to confirm and amplify the work done by the Reed Commission. There is much work still to be done before the etiology of yellow fever is fully understood, and why should not our country undertake this work?

4. The Public Health and Marine-Hospital Service should see to it that its new laboratory at Washington is thoroughly equipped with the best apparatus and the best men. The profession of medicine in the United States will not be content until this laboratory turns out researches comparable with those contained in the Arbeiten and Mittheilungen of the German health office. There are many problems which could properly be investigated in this laboratory with profit to the profession and the people at large. For instance, why should not this laboratory undertake experimental studies leading to advanced knowledge concerning the preparation of streptococcus and antitoxin. In order to prepare successfully such an antitoxin it will be necessary to have more exact knowledge concerning the toxin produced by the streptococcus. The study of this toxin might very properly be carried on in this laboratory. Again, we are at present at sea concerning a standard for antitetanic serum. Must we wait for Germany to establish a standard for us?

5. The Public Health and Marine-Hospital Service should establish research laboratories on the Isthmus of Panama, in Porto Rico, in the Hawaiian Islands, and in the Philippines; and should not only encourage the men in this service to make use of these laboratories, but should throw them open to competent men from civil life who might wish to study the diseases of these regions. There are many men in our laboratories who have already done excellent research work on some of the tropical diseases, and who would gladly go to one of these

countries if they could find there facilities for carrying on their research.

6. The naval medical service should equip every man-of-war with a complete clinical laboratory, including optical instruments, bacteriologic and chemical apparatus and material, *x*-ray outfit, and, in short, everything found in the clinical laboratories of our best hospitals, and the head of this department should give these in the service to understand that they are expected to use these facilities and he should reward them for work well done and censure them for neglect of duty when work is not done.

In conclusion, I may say that the medical profession of this country acknowledges with pride what has been accomplished by the federal services in the past, and it expects that in the future these services shall keep abreast of the best men in the civil practice of medicine. For the heads of these services to be satisfied with less, is not to be expected of them. When they do more they are to be commended. All of these services now have their laboratories of research more or less well equipped, and the medical profession of this country expects that these laboratories shall be the birthplaces of new knowledge.

WHAT CAN THE MEDICAL PROFESSION DO FOR THE ARMY?

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In considering the subject assigned me, I am greatly impressed by the motive underlying the title. The fact that this, the largest and most representative association of medical men in this country, propounds such inquiry is pleasing evidence that it appreciates the obligations which it bears to the country, and to meet such obligations is willing to do what it can to strengthen the arm militant of the nation. It is further evidence of the trend of thought of the medical profession toward a broader and more comprehensive grasp of the duties and responsibilities which must by right devolve on it.

With the extension of medical knowledge, its quick dissemination by journal and book and the association of members of our profession together in societies, which association has been made generally possible only in recent years through the facilities for rapid travel now offered, the profession is coming to a comprehension of those broader duties which must devolve on them—duties entirely outside those connected with the ordinary routine of their profession. In large, these duties are mainly connected with the preservation of health through the making of sanitary regulations and laws and legislative enactments protecting the public against the danger incident to the practice of the profession of medicine by unqualified men. In all these matters the medical profession, comprising as it does members of the community especially educated and qualified to advise on the question of the protection of the public health, must give to the community the benefit of its special knowledge or fall short of its highest duties. Equally, though less manifest in time of peace, these arms of the nation—the Army and Navy—which require most careful preparation for effectiveness in war, require for their proper organization that the problems dealing with the health and care of armed forces should be carefully considered, thoroughly worked out, and duly solved before the time of war and stress. Provision should be made for the care of the sick and wounded, and equally and of even greater importance, adequate means for the preservation of the health of the armed force in time of war should be provided. An army is a costly institution, maintained by a nation for use in time of need; how much more costly to a nation, therefore, when in time of stress it is found inefficient. The strength of any chain is the strength of its weakest link; each link, therefore, of the organization of an army should be perfected and strengthened to correspond with the others.

In the organization of an army the Medical Department is by no means the least important link in the chain of organization. The strength of an army depends not only on proper organization and adequate training, but on the health of its individual units, and on the maintenance of the health of an army may often rest the balance of victory or defeat.

In our country the policy is to maintain a small regular army in time of peace, this to serve as a nucleus about which volunteer forces may assemble in time of war. In the same way the Medical Department of the Regular Army is to serve as the nucleus about which volunteer medical officers shall form. It is evident that for effective expansion the Medical Department must be sufficiently officered to do all regular duty pertaining to the Army in time of peace, or it will be entirely insufficient in size to properly serve as a nucleus in time of war. This was fully illustrated in our Medical Department in the war with Spain and in the British service in the Anglo-Boer war. In fact, it was so forcibly impressed on the British Commission to investigate the care of the sick and wounded in the South African campaign that this commission gave expression to the opinion which may be considered axiomatic, that a department not sufficiently large to properly perform its duties in time of peace can not be efficiently expanded in time of war.

It may be at once stated that at the present time the Medical Department of our Army is insufficient in size to meet these requirements; so much so, in fact, that in addition to the regular force of about 200 medical officers allowed by law, some 200 contract doctors are employed.

One of the pressing needs of the Army, therefore, is that the Medical Department be increased in size to such extent, at least, that it may be able to do all ordinary duties in time of peace, both for effectiveness in time of peace and to insure preparedness for war.

On the outbreak of the war many difficult problems are presented in connection with the organization of an enlarged army, largely composed of volunteer forces. The military surgeon is a specialist of type unknown in civil life. He has to deal with sanitary questions which have to do with the health of massed bodies of men placed in the peculiar environment incident to life in the field of war; also he has to provide for the shelter, feeding, sanitation, treatment and transport of the sick and wounded, duties which can only be properly done by men conversant with the many technical details incident to such work. To take inexperienced and untrained men and give them such duties has in the past, and will in the future, be followed by disaster. When such disaster occurs, then the need for an efficient medical service in the Army is brought home to the country, and the people cry out against a system which leads to the suffering and death of fathers, husbands, and sons sent to the country's defense, not realizing that the faults of the system may have been repeatedly pointed out and that the system has continued only through neglect to provide proper legislation. To the people at large, with peace comes forgetfulness of the lessons of war. The lessons remain only with those who, by experience or teaching, appreciate these dangers in the future which are pointed out by the experiences of the past. So far as the Medical Department of the Army is concerned, these lessons are most fully appreciated by the medical profession, and the profession can do much for the Army by applying their knowledge of these matters to the public good, to the end of remedying these evils which arise through neglect of precautions when the people forget. So in this as in other matters having to do with the maintenance of health and the prevention or amelioration of suffering, the medical profession, which is by education and experience, trained to see, must be the teachers and the leaders of the people.

But it is not in war alone that the medical department of an army is of service to a nation. In our country we have but to point to the scientific attainments and the work of Beaumont, of Otis, of Woodruff, of Billings, of Sternberg, and of Reed, as well as to the able way in which most difficult sanitary problems are now being solved and public work is being quickly and adequately done by medical officers of our Army in the far East

So in peace as well as in war the medical department of an army has its use and reason for its existence.

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The medical profession can do much for the Army by using its great influence to show that to serve the country and to protect the nation, and the individuals of the nation who go out to its defense, the Medical Department of the Army must be sufficiently and properly officered to give efficiency. More than this, as volunteers must be relied on, there should be in the country a number of reserve medical officers whom services can be available in time of need. A medical reserve has been designed to take the place of the anomalous and unsatisfactory contract surgeon system which now obtains.

Surgeons under contract have no rank, and the lack of dignity which pertains to their position has long been the subject of remark as not compatible with the standing of members of a learned profession, whose duties and responsibilities are at least equal to those of other commissioned officers. More than this, it is the experience of all armies that physicians serving with troops can not effectively perform the duties required of them unless they have the military standing given by commissioned rank. To remedy these evils it is proposed to replace the contract surgeons by special commissioned medical officers, whose commissions shall be operative only while the holders are on active duty, but whose commissions are continued so that the holders may be available for service, on their own consent, when emergency requires. Both the increase of the Medical Department and the formation of a Medical Reserve Corps have been carefully worked out, and in the form of a bill is now before Congress. This Association, both through its Committee on Legislation and by individual efforts, has been actively and effectively engaged in a campaign of education to show the need of proper legislation for insuring efficiency in the Medical Department. The medical profession can do much for the Army by furthering the efforts in this direction.

WHAT CAN THE MEDICAL PROFESSION DO FOR THE NAVY?

SURGEON CHARLES F. STOKES, U. S. NAVY.

WASHINGTON, D. C.

An opportunity to tell the medical profession of the United States, through this, its greatest organization, what it can do for the Navy, in one of supreme importance to the body of officers which I represent, and, although the time allotted to each paper is of necessity short, I trust that my efforts will be rewarded by a substantial growth of the interest which first suggested this symposium.

Recent legislation has authorized an increase of 150 in the medical corps of the Navy, to be accomplished by a yearly addition of 25. At the end of five years the corps will have almost doubled itself by a growth from its present strength of 250 to nearly 400 officers. This great increase must be accomplished by the exercise of extreme care in the selection of desirable persons from among the candidates presenting themselves for examination. As this choice is entirely in the hands of the medical corps itself, and is absolutely free from political and other influences, merit alone counts. Permission to appear before the board is extended to all citizens of the United States of good standing between the ages of 21 and 30 years. In all other branches of the service a special designation is required before a candidate may present himself for examination. If this important duty is not wisely and faithfully performed, if the corps is encumbered with indifferent material, then we alone are responsible for the unhappy conditions that will follow.

It is my belief that the medical profession can best serve the medical corps of the Navy by acquainting itself with what the Navy offers competent physicians in the way of a career, and by sending some, at least, of the best products of its schools and hospitals before the medical examining board.

I shall, no doubt, be accused of taking a grossly practical side of the topic under consideration, but I feel that the great importance of keeping up the standard of efficiency in our corps justifies the choice.

The welfare of the entire Navy is largely dependent on the efficiency of its medical officers. We have to decide—and our decisions are final—on the physical fitness of every officer and man, not only for admission, but also for promotion, and we care for each one during his whole naval career. We must study the hygienic features of his environment, and we must keep up his physical standard, so that when the supreme moment is at hand both officers and men will be found capable of responding to the call as American crews alone can respond. Superiority in personnel has oftentimes overcome superiority in ships, and it always will be so within certain limits.

A glance at the Surgeon General's report for any recent year will convince the most skeptical that the work done in our naval hospitals, the purely professional work, is superb. The field is as broad, in fact, is much the same as that encountered in hospitals of the same size elsewhere.

It has been said by our hypercritical brethren on shore that we hibernate professionally while serving on board ship. To correct that erroneous impression let me tell you that I was at one time the only medical officer of a ship cruising in northern Europe with 800 men on board. We were ordered in haste, by way of the Mediterranean, through the tropics, to northern China, to participate in the relief of Pekin. Later, in the same ship, with one assistant, we carried between 900 and 1,000 men from the West Indies to the Asiatic Station. There is a lot of professional work in that sort of service.

It has been said, too, that our field of work at sea is narrow. That has not been my experience. My last sea service was on the battleship Oregon, both on our western coast and in China, with 500 men on board and no assistant. In order to emphasize the fact that our work may be of wide range, I have selected from the records of the Oregon ten cases which were treated by me to convalescence on board that ship, with but two exceptions—one a case of diphtheria, the other a case of tuberculosis; both were transferred to hospitals. The period covered was six months, and the ship cruised from Puget Sound, Washington, to Hong Kong, China, by way of San Francisco, Honolulu, across the Pacific to Yokohama and Shanghai. The cases were: two of lobar pneumonia, one of fracture of the skull with extensive facial laceration, one of smallpox, one of severe complicated typhoid fever, one of fracture of the tibia, one of malarial fever, plasmodium demonstrated in the blood; one of diarrhœa, with hæmaturia and chyluria, filaria nocturna demonstrated in the blood; one of tuberculosis, tubercle bacilli demonstrated in the sputum, and one of diphtheria, diagnosis confirmed on shore. I doubt if any one present, in his individual practice, covers a wider field than the foregoing. The proper diagnosis of some of the cases called for the use of considerable microscopic and bacteriologic technic.

The modern battleship is a floating fortress and machine shop in one. Her men and stores are handled in small boats, and she is frequently coaled from lighters; in her double bottoms poisonous gases are sometimes developed, and have to be guarded against. The naval surgeon must at all times be prepared to meet the emergencies of these hazardous conditions. He must, too, be prepared to meet the emergencies of battle, to give help to those of our own service as well as assistance to the wounded of other nations. Within a few weeks Surgeon H. D. Wilson, of the Vicksburg, did excellent work among the Russian wounded after the naval battle off the coast of Korea.

The handling of epidemics in the Navy is a credit to the service, notwithstanding the recent unfavorable comment of a misinformed journal. We have to deal with young recruits, many of them fresh from rural districts where the diseases of childhood are practically unknown; and sooner or later in the Navy they go through the whole list of them.

While cruising our field of work often extends beyond the limits of the ship in which we are serving. For instance, I have removed huge scrotal tumors due to elephantiasis in Samoa, have resected intestine at Guam, and have performed colitectomies in Japan. In this connection I beg leave to state that my surgical experience in the tropics bears out the statements of Major Bannister of the Army, in his recent interesting report of operative work in Manila. The successes and failures are due to the same causes that operate for good and for bad in other climates, and the results are but little, if at all, affected by tropical conditions. This is contrary to com-

mon belief. Tetanus infection is, however, a real danger in the tropics, which must be carefully guarded against. Bapmister lost one case from this cause in Manila; about 15 years ago I had a similar experience in Samoa.

You will say at once, if naval surgeons have access to so much and such varied clinical material, why have we not heard more of their work? That is not difficult to understand when you realize that we work almost entirely alone during our careers in the service. There is little chance of getting together. We serve for brief periods in many localities, and about the time we are becoming identified with one community we are shifted to another. On account of the shortage of medical officers and the enormous growth of their work of late there has been little chance to specialize in the Navy. After making the required official reports and keeping the records of the service, the impulse to publish our interesting cases for the benefit of the medical profession, from which we have been more or less cut off, soon vanishes. There is another side of it, too. Some years ago I reported from Japan the history of a case of strangulated hernia, large and of long standing, which I had operated on successfully, and was rather proud of "topping off" with a method of radical cure which bears the name of a distinguished American surgeon. When I returned to New York shortly afterward, I found my surgical friends there engaged in "inventing" recurrences after the method I had practiced in Japan. You must admit that by unremitting work alone can you who live in the midst of it all, keep pace with the wonderful strides of the present day. Can we, then, be censured for hesitating to contribute to medical literature from remote corners of the earth?

The opportunity to acquire fame in the medical profession in the Navy comes to but few, but so that opportunity comes to but few, relatively, in civil life. We may be doing the same sort of work in the Navy as you are doing in civil life, but our work is confined to a broken class, and that class, in my experience, is not, as a rule, a grateful one. The work that you do is seen by your colleagues, who seek your help, and afterward the grateful patients spread your reputations abroad, and otherwise substantially add to your well being. Not so with us. The most brilliant treatment is taken as a matter of course; if the treatment is not quite brilliant in its effects, the patients, unhappily for us, live on in the service to the end, and we can not shake them off.

The chairman of one of our most important sections I took on his first ambulance call in New York just 21 years ago. There are several other gentlemen present to-night with whom I served as interne in other hospitals. They are all well known to you, their reputations are national, while I, who have been working along the same lines all these years, am unknown outside the Navy, and in it am but one of a large number who are doing the same class of work.

It is not my intention to paint the naval surgeon's life in sombre hues; far from it. After all, it is not the big fees and the fame that hold us to our work in medicine. Both may be comforting in their way, still it is the consciousness of duty well done, the masterful handling of the sick, the planning and carrying to a successful termination of a difficult operative procedure, the skillful diagnosis and the cleverly applied treatment, they are the real rewards—they alone keep our enthusiasm aflame.

Our progressive Surgeon General has done all in his power to place every instrument and appliance of modern medicine within our reach, and if we fail to properly utilize the material the service presents it is entirely our own fault.

We are not altogether neglected in a pecuniary way. Our pay is sufficient to allow us to live in a modest, unpretentious manner, and may be considered satisfactory. In addition, in case we are disabled at any time during our careers in the Navy we may be placed on the retired list, where we receive three-quarters of the highest pay of the grade in which we are serving, and that for as long as we live. That, gentlemen, is a comforting fact, not generally appreciated outside the service.

We enter as assistant surgeons with the rank of lieutenant, junior grade, and may advance to the rank of rear admiral while filling the office of surgeon general. The rank of medical officers is positive and carries with it all the military honors that go with rank in the other branches of the service.

In my endeavor to stimulate your interest in our corps I have cited some of my own experiences. This I have done because they are average experiences and are, naturally, those with which I am most familiar.

We are sadly in need of your help to properly accomplish this great increase of our corps. Our examining board in Washington is rather remotely located, so far as the great medical centers are concerned, which accounts to a great extent for the indifferent material that appears before it. Out of ten candidates examined recently but one was successful. The examination for entrance is comprehensive but extremely practical. The literary and scientific requirements can be mastered by any one with a good common school education well in hand; in fact, any well-equipped physician, up to the physical standard, should be able to secure a commission.

In trying to keep within the allotted time I have had to pass over many interesting features of naval life. The travel incident to cruising is a never-ending source of profitable enjoyment. Courtesies, which seldom fall to the lot of the civilian traveler are extended to naval officers wherever they may be. Contact with the representatives of other nations at home and abroad adds a novel charm to the life. A cursory study of military law is demanded in order that we may not intelligently while serving on courts martial. To harmoniously and efficiently perform our multifarious duties we must acquire a knowledge of ships, of the principles of their construction and ventilation, as well as a knowledge of the purely military side of the service. You can readily see that to properly perform the duties of the medical corps of the Navy one must be well equipped professionally and otherwise, and therefore, I repeat, that it is the best products of your schools and hospitals that we want and no other.

Those who enter the corps after October 1 of each year are brought together at the Naval Medical School the following October for a six months' course of instruction. This course is very thorough and far-reaching and includes the hygiene of camps, ships and hospitals; tropical medicine; military and operative surgery and *x*-rays; bacteriology, animal parasitology, hematology, physiological and general chemistry; naval law; the duties of naval medical officers; tactics, signals and other branches of interest to military physicians and surgeons. With this special training for their chosen careers the graduates of this school should make a creditable showing in the Navy and elsewhere.

The medical corps of the Navy has always been active in adapting to its uses the advances of the medical profession, and the work still goes on.

I can not close my remarks on what the medical profession can best do for the Navy without expressing my appreciation of the great services that profession has already rendered us. Our cruises abroad necessitate the temporary disruption of our homes, a hardship of no mean proportions, but when sickness comes to those we leave behind the situation is demoralizing. Only those of us who have been placed in this most helpless of positions can appreciate the comfort that goes with the thought, that the best medical talent in our land can be had for the asking. For that great privilege, so willingly and so cheerfully granted at all times to us and to ours, allow me to extend to you, gentlemen of the medical profession, the thanks and gratitude of the medical corps of the Navy.

WHAT THE MEDICAL PROFESSION CAN DO FOR THE PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE.

SURGEON-GENERAL WALTER WYMAN,
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WASHINGTON, D. C.

It is a great privilege, in response to the invitation of our President and in the presence of a great audience such as always characterizes our general meetings, to say a word for the United States Public Health and Marine-Hospital Service—a service that had its origin in 1798 and has slowly but steadily grown, as grows the tree, by putting out from time to time

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twigs of new duties which have developed into strong branches of public service, until it has reached its present sturdy growth, secure from any casual uprooting, and still growing. Its three hundred or more medical officers may be found in every prominent port on the seacoast, from Maine to Alaska, and on our great lakes and rivers; on the Isthmus of Panama, in Porto Rico, Hawaii and the Philippines; in Canada, British Columbia, Japan, China, India and in Europe.

In the United States you will find them administering 22 government hospitals and 126 other relief stations, extending surgical and medical relief annually to 60,000 seamen of the merchant marine; you will find them administering 37 quarantine stations, inspecting and disinfecting ships, and isolating contagion approaching from foreign shores; you will find them making visual examinations of all our pilots, rejecting 4 per cent. annually for color-blindness, examining physically the crews of life-saving stations that physical defects may not mar the glorious achievements of that great service. At every port or place on the seacoast and on the Canadian and Mexican borders, where alien immigration seeks entrance, you will find these officers examining each immigrant and rejecting those that are afflicted with loathsome or contagious disease, or whose physical condition makes them liable to become a public charge. In times of epidemic, you will find them managing with military precision detention camps, acting as experts in the detection of the disease and directing with coolness and judgment the necessary measures to prevent its spread. At this very time you may find them in certain portions of our country liable to the invasion of yellow fever, waging a prophylactic campaign, by the systematic destruction of the breeding places of the mosquitoes which convey this disease, and organizing in cities and villages local working parties to continue the work, with free distribution of literature showing its necessity and detailing its method.

In contrast to this field activity you will find them in the service laboratory established in Washington by act of Congress, delving into the cause of disease and in other branches of scientific research, or receiving instruction there in the latest scientific methods of diagnosis, to be applied later in their expert work. Thence they go by request to arbitrate local disputes as to the existence or non-existence of bubonic plague, yellow fever, smallpox or cerebrospinal meningitis; to advise with regard to the source of typhoid infection, to address societies on the prevention and suppression of disease, or to investigate some new or ill-understood malady that threatens the material prosperity as well as the health of communities.

Their laboratory work includes also the test of purity of vaccine virus and antitoxic serums, on which, and on their personal inspections of the establishments producing them, depends a granting of the license required by law.

In Canada and British Columbia they are stationed to prevent the side entrance into the United States of aliens who would be rejected for physical causes at our own ports. In Japan and China they are inspecting ships, passengers and cargoes, bound for the Pacific coast, and are pointing out to the steamship companies such immigrants as they know will be refused entrance into the United States under the immigration law. In Calcutta and Bombay, and in Naples they are exercising like supervision. All these officers forwarding periodic reports giving information concerning the sanitary conditions and epidemic diseases prevailing in these respective countries.

They are administering national quarantine in the Philippine Islands, in Hawaii and in Porto Rico. You will find them in the principal fruit ports of Central America, examining and certifying fruit vessels bound for our southern coasts, that they may not be detained on arrival with their perishable cargoes. You will find them in Cuba, stationed in the offices of the consuls at the several ports, still on guard notwithstanding the sanitary regeneration of that island. You will find them in the ports of Mexico, giving bills of health to all vessels leaving for the United States, causing a waiver of detention on arrival and thus expediting commerce. You will find them on the Isthmus, in charge of the quarantine at Panama, protecting that city and the canal zone from the invasion of yellow fever from Ecuador and of the bubonic plague from Peru or Chili; and in the ports of Ecuador and Peru, carefully inspecting or disinfecting vessels bound for the Isthmus as well as those bound for the United States. You will find them, also, in Rio Janeiro and La Guayra, Venezuela, for the exercise of these same functions.

It is a world service—its influence being felt in all civilized countries.

Now, who are these medical officers? They belong to the medical profession of the United States and are its product. There are before me many of their instructors. Safe to say, there is not a medical college represented at this meeting of the Association which is not also represented in this medical corps. These officers have entered the service without political backing, on their merits as decided after thorough physical and professional examination as required by law, and without regard to locality or religion. They are, then, representatives of the medical profession, and my first answer to the typical inquiry is that the medical profession can assist the Public Health and Marine-Hospital Service by bearing in mind that the service is but a part of itself—its exponent in official life. It should not be regarded as a body of medical men set apart from the rest, but as an organization seeking in its peculiar field to exemplify the best thought and effort of the profession. The service must be brought in contact with and must have inspiration from the great army of medical men in the United States, who, besides their devotion to their patients and their specialities, are thinking, thinking constantly on the great problems relating to sanitation and public health the practical dealings with which, from a national standpoint, has fallen to the lot of this service.

By maintaining or increasing a high standard of professional excellence the medical profession stimulates its brothers in government service. The medical colleges will assist in protecting corps, not only by thoroughness of medical education, but also by raising the educational standard required of matriculants. Technical education alone is not sufficient; it should be superimposed on a general education broad enough to enable the medical officer to fitly represent the general as well as the special intelligence of the American physician.

You can further help this service by appreciating its aspirations. What are its aspirations? And what are the agencies through which they may be gratified? First, may be mentioned perfection of organization. As organized effort is superior to individual effort, so is legal organization in the long run more efficacious than voluntary. In a law passed two years ago our organization was expanded. This expansion is in line with the expressed will of the Association at its meeting in Atlanta in 1896. The new law brings us in association, so far as may be under the constitution, with the several state boards of health. Special conferences are provided for on request, and an annual conference is made obligatory between the Public Health and Marine-Hospital Service and representatives of the state boards of health. Two annual conferences have been held, resulting in a feeling of harmony and co-operation and giving promise of wide and practical results. As these state boards of health have their relations with the county and municipal boards, the latter also have an indirect relation with the national service, and the medical profession can materially assist this service by giving aid to state boards of health and local health officers as well. Many state health officers require help in securing proper legislation, and local boards of health require the aid of the profession in support of the proper functions of their office and in making the office itself so potential, with such a length of tenure, and with such adequate compensation, as to make it attractive to the most competent physicians in the community.

With this organization, to be developed and strengthened as the years go by, it is not too much to assume that general sanitation will be advanced to a degree now thought scarcely possible. The profession can further assist the Public Health and Marine-Hospital Service in its broadened scope as thus outlined, by encouraging all educational efforts in behalf of sanitation, by supporting the auxiliary sanitary associations, which I am pleased to say exist in so many states and locali-

tion, seeking to arouse from a disgraceful torpor the interest of those who are affected by sanitation, and by creating a public sentiment which will demand an application of knowledge drawn from scientific observation, knowledge which is far in advance of its practical utilization.

One of the aspirations of this service is a slumless country. I know that this will fall on doubting ears, but I assert that there is no adequate reason why slums should exist anywhere, and by slums I mean places where, through bad drainage, imperfect sewerage, inadequate air-space, lack of pure water, and lack of sunlight, human beings are subject to disease and crime-inducing conditions.

In conclusion, in answer to the question, "What can the medical profession do for the United States Public Health and Marine-Hospital Service?" the reply may be summarized as follows: The profession can aid us by regarding us as a part of itself; by supporting us in any laudable efforts for legislative growth; by requiring a sufficiently broad education, in addition to professional excellence, of the graduates from whom we recruit our ranks; and by sympathetic support in our aspirations, which are the same as those of the profession itself.

*Symposium on Scientific Research by the Government.**

WHAT THE MEDICAL PROFESSION CAN DO FOR THE BUREAU OF ANIMAL INDUSTRY.

D. E. SALMON, D.V.M.,
Chief of the Bureau of Animal Industry.
WASHINGTON, D. C.

I desire to express my profound appreciation of the great honor which the American Medical Association has conferred on me by inviting me to address this assemblage and present my views on the subject of what this Association can do for the Bureau of Animal Industry. Having organized this bureau and directed it for about twenty years, I am naturally anxious not only for its present success and usefulness, but for its permanency and continued development. It is, therefore, with much gratification that I observe the interest which this Association is taking in the bureau and its work, as shown by your program and also by the complimentary and encouraging address on this subject which has been made by one of your able and distinguished members—a man whose ability, learning and indefatigable work have caused him to be recognized as an authority in every land where the science of medicine is known or studied.

The Bureau of Animal Industry has had a very rapid growth, and has received encouragement and support to an extent which has appeared truly marvelous at times, especially when we consider the large commercial interests which it necessarily encounters, and which it attempts, more or less successfully, to guide according to sanitary principles. However, there is no human institution so strong that it can be said to receive all the moral and material support which it requires for its highest ideals, and few which have the power to perform their ordinary duties without embarrassments, compromises and delays which might easily be avoided if they were impregnable to the attacks of their enemies and were given means commensurate to their tasks. Even the strongest governments of the world must occasionally seek the good-will and assistance of other governments. How evident it is, therefore, that an institution like the Bureau of Animal Industry must need all the aid and encouragement which those interested in its work can give it.

The American Medical Association is well known to be one of the strongest organizations in the country; and not only is it strong in its membership, but in its standing, influence, intelligence, and ability to impress its views on the people. It has the power to accomplish much—far more, I think, than most of its members realize—for the advancement of the objects in which it is interested, and in the way of influencing the sentiment and activities of the nation. There is, consequently, every reason why I should feel gratification and pride at the attention which you are giving to my work, and why I should welcome with the utmost cordiality your proffered good-will, endeavoring on my part to make the service over which I preside of increasing value and more and more worthy of your interest and support.

In order that you may have a clear understanding of the ways in which the bureau may be aided, it is necessary to say a few words concerning its work. The greater part of this work is essentially an effort to safeguard the supply of animal food in this country. This is accomplished by protecting the food-producing animals from the preventable diseases; by encouraging the production of such animals according to the best methods which science and art have devised, and by an inspection of meats at the time of slaughter. It is scarcely necessary to remind this audience how important an effect the food of a people must have on the public health. Even a scarcity of food soon increases the misery, the disease and the death rate; but when, in addition to being scarce, the food is of poor quality and unwholesome, the effect on the consumers becomes all the more apparent. There can be no doubt, it appears to me, of the very great desirability, from the sanitary point of view, of preventing disease so far as possible among such animals, and of prohibiting the sale for food purposes of the meat of those animals which are seriously diseased. This is strictly sanitary work; it is work along the same lines that the medical profession is following, and its objects are the same as those for which you are striving.

To prevent the importation of contagion, we have inspection and quarantine of the animals that are brought here from foreign countries. To prevent the spread of our indigenous diseases, we have inspection of the animals going from an infected state to other states of the Union; we also have supervision of the stockyards and stock cars, and in this work we seize and quarantine diseased animals, disinfect cars and pens, and even prohibit the shipment of certain classes of animals in times of special danger. To guard against unwholesome meats, we have inspection before the animal is killed and again at the time the carcass is being dressed, and the meat of diseased animals is condemned and so treated that it can no longer be used as food. Under the present conditions of producing meat such a system is absolutely necessary for the protection of the consumer; for how can the purchaser of meats know the condition of animals which he has never seen—animals which were raised, perhaps, on the western plains, which were slaughtered in Kansas City by he knows not whom, and the meat of which has passed through channels which it is difficult to retrace.

There are now inspected annually at the time of slaughter about thirty-seven million carcasses of cattle, sheep and swine, and out of this number it was necessary to condemn last year sixty-five thousand entire carcasses, and parts of sixty-four thousand other carcasses. This great quantity of unwholesome meat was, therefore, taken out of the trade and safely disposed of by the inspection service. In addition to this meat inspection, eighteen million animals from infected districts were inspected and shipped under supervision, and sixty-six thousand infected cars were disinfected.

It is not my purpose to tire you with statistics or with details concerning this work, but I do hope to impress you with its objects, magnitude and scope, in order that you may appreciate the difficulties and obstacles which are constantly arising. No one can condemn and destroy sixty-five thousand carcasses of meat without causing many protests and arousing much opposition; no one can hold thousands of railroad cars and require their disinfection without meeting with obstacles and trouble often beyond what is anticipated; no one can go into a state and control its animal traffic, enforcing the more or less arbitrary and burdensome restrictions which are required to stamp out disease, without the strongest influence being brought to bear from time to time against the enforcement of such regulations. Whether or not an executive officer can maintain his regulations and accomplish the object which he

* Presented to the General Meeting, Thursday evening, June 9, 1904. See also page 1660, June 18.

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has in view must always depend very much on the extent to which his aims are understood by the people and on the support which he receives. It is just here that the active sympathy and assistance of this great organization, paramount in standing and influence over all medical bodies in America, may be of inestimable value.

Another kind of obstruction and opposition, which, I have no doubt, will be fully appreciated by many health officers, comes from the manufacturers and dealers in remedies. I do not wish to lay down the broad principle that in commercialism there is no conscience and no philanthropy, and yet at times I have had reason to think that, while this might not be true as a general proposition, a sufficient number of examples might be cited to prove that it is the rule rather than the exception. Unfortunately, the existence of a disease, and especially of an infectious or contagious disease, may cause a demand for remedies which is of such importance commercially that it is very much to the detriment of the dealers in such remedies to have the disease eradicated. Everybody knows, for example, that if smallpox were completely stamped out, and its importation prevented, there would be very little demand for vaccine; and if diphtheria were eradicated, there would be very little market for diphtheria antitoxin. Now, there are diseases of animals for which similar remedies are being used, and, as it is a case in which human life is not directly involved, commercial interests are the more aggressive to prevent the success of work which means the loss of the market for certain kinds of products in which there are large profits. It is no intention of mine to advocate antagonism to, or warfare against, commercial interests; on the contrary, I fully recognize the value of these great business organizations which have done so much to maintain the standard of drugs and which have been so enterprising in the introduction of new remedies; but when these houses so far forget the interests of the community as to obstruct or hinder the efforts of the sanitarian in the repression of disease, they should be reminded in no uncertain terms that the misfortunes of mankind may not be perpetuated in order that commercial rapacity may be given further and indefinite opportunities. In this effort to uphold the principle that the sanitarian has the right to adopt the best measures at his command for the eradication of disease, whether that disease be one affecting man or animals, and notwithstanding the effect of his success on the sale of remedies, the medical profession and the Bureau of Animal Industry are alike interested.

The investigation of disease by original research according to scientific methods has been a very prominent feature of our work, and we have been able to make some contributions to medical science which are of permanent value. Long before the bureau was established I had been endeavoring with imperfect facilities to prove that immunity against the effects of certain disease-causing bacilli might be produced by injecting into the tissues of animals the toxin developed by these bacilli when grown in cultures. Our success in demonstrating this fact, in 1890, undoubtedly did much to stimulate the study of immunity and to hasten the development of that tremendous aggregation of information on this subject which is now available to the pathologist and to the sanitarian. So, too, the demonstration that the protozoan parasite of Texas fever has a second host, and that this second host is responsible for the infection of the cattle, brought to the attention of scientists a fact of a new order, which led to the discovery that the malarial parasite, the parasite of yellow fever, and various other pathogenic parasites, have their secondary hosts, and the knowledge of this fact has given us our most efficacious methods for the control of these diseases. The bureau has also done much work with tuberculosis and other diseases which is of value to human as well as to animal pathology. We are, therefore, interested with you in maintaining and encouraging scientific research of this character, and in defeating the efforts of those misguided persons who have striven so long and so zealously to restrict, and, if possible, to prohibit, this line of investigations. The American Medical Association has done much already to defeat the efforts to obtain legislation hostile to experimental research in biology and medicine; but these efforts are being continued, and it will require constant watchfulness and aggressive action to preserve that freedom of the investigator which is necessary for prompt and complete success in this difficult field of scientific inquiry.

Now, having tried to give a superficial view of a portion of our work and of some of our difficulties, I will very briefly mention some of the ways in which this Association may assist the bureau in achieving the objects for which it is striving.

1. To secure meat for the consumer which comes from animals free from serious disease. The Bureau of Animal Industry inspects meat in the large establishments which slaughter for the interstate trade; but there are numerous small abattoirs where animals are killed for local consumption, and where there is little if any inspection. Animals known to be badly diseased are often taken to such abattoirs in order that they may be slaughtered without danger of condemnation, and there is a constant stream of diseased and unwholesome meat going to the consumer from such sources, which ought to be stopped. The slaughtering in each city should be concentrated in a few places, where inspectors might be constantly present, instead of being done in hundreds of small houses which can only be visited occasionally by an inspector, as is the rule at present. To accomplish this reform a strong influence is needed, and this can be brought to bear legitimately and effectively by the American Medical Association. While this would not be of direct assistance to the bureau, because it is not responsible for meat killed for local consumption, it would, nevertheless, complete the inspection service of the country, prevent the evasion of inspection, and give to our consumers of meat, which means nearly our whole population, a meat supply which is reasonably free from danger.

2. The Association can at all times aid the bureau with its moral support. To do this, it must, of course, be more or less familiar with the work, and must help to educate our people in regard to the importance of maintaining an abundant food supply, and one as free as possible from the contamination of disease. There are now in the United States a number of diseases which must be held in check, or they will make serious inroads on our stock of meat-producing animals, and, moreover, affect the quality of the meat which goes on the market. There are, also, many important problems in pathology to be solved, for which the bureau has special facilities. Some of these problems have almost as direct a bearing on the pathology of man as on that of the lower animals; but even comparative pathology must always be of great interest to this Association. There is, consequently, no organization of men in this country so fitted by its special knowledge and by the similarity of its work to understand our motives, and none which could so intelligently and appropriately commend this service.

3. It is also possible for the Association, if it so desires, to give the bureau its material as well as its moral support. In conducting executive work for the control of diseases, where large business concerns, such as railroad, stockyard and steamship companies, packing houses and shippers of live stock, must be made to conform to inconvenient regulations, there is certain to be opposition, and, although we have the consciousness of right on our side, it is always comforting to know that we have organized support as well as organized opposition. If it is shown, for example, to the legislative and executive departments of our government that the bureau has been and is being conducted in such a manner as to secure your confidence and good will, that would help us to maintain high standards and to press forward with greater energy in the work now in hand.

Finally, there are two important principles in which we are mutually interested, and for the maintenance of which we should co-operate earnestly and unceasingly. The first of these is the freedom of research. How much has been learned by experimental investigations the members of this Association are in a position to know. How much remains to be learned you can judge better than any one else. This one fact must, however, be apparent to all, that infectious diseases, still but imperfectly understood, are causing a large proportion of the mortality, and that more knowledge is required before they can be properly controlled or eradicated. This is equally true

with both human and animal diseases. With so much human suffering to be prevented, so many lives to be saved, so much property to be preserved, it is hard to view with calmness the efforts of those who would restrict or abolish, if possible, the class of investigations by which alone we can secure the knowledge for accomplishing these objects. The cause of scientific research, thanks to the efforts of this Association and to the assistance of other scientific bodies, is at present in the ascendant; but restricting legislation is introduced every session into Congress and into the legislatures of some of the states, and it is only by constant vigilance that we can maintain the satisfactory conditions which now exist.

The second principle to which I ask your attention, and the justice of which I think is equally self-evident, is the right of the sanitarian to use the most effective means for the control of disease, without regard to the effect of such measures on the sale of remedies. For example, if a health officer finds that either smallpox or diphtheria is spreading in the district under his jurisdiction, he should be permitted without question to use vaccine or antitoxin to immunize all who may have been exposed, and, if he considers it necessary to his success, to produce these agents under his own supervision and to supply them without charge. The right of the health officer and the right of the bureau to supply immunizing agents for the control of disease is being questioned and opposed through commercial influence, and it seems to me a monstrous proposition either that disease should be maintained in order to preserve the market for certain remedies, or that the power to control disease should be restricted in order that commercial houses may force their tribute from the sufferers. Under ordinary circumstances, where the remedy is furnished of good quality and at a reasonable price, and where the people are able and willing to buy it, it may not be, and probably is not, wise for the community, the municipality or the Government to supply such remedies; but there must be many cases in which these conditions do not prevail, and where the success of the executive measures depends on the prompt and universal use of the immunizing agent throughout the infected district. The bureau has not gone very extensively into the control of disease by this method, but it is experimenting on rather a large scale with one disease, and may find it necessary to handle others in the same manner. By producing the remedy in the bureau laboratory we know its strength, purity, and that it has not deteriorated by long keeping; we also obtain it at first cost. These are important considerations, and their bearing may be such as to determine the success of the failure of a campaign for the suppression of an outbreak of disease. While admitting that the wisdom of adopting this measure must be decided by each executive officer after a consideration of the conditions which prevail in his territory, it appears to me that the right to produce and apply immunizing agents as a sanitary measure should be maintained.

While presenting my views and endeavoring to indicate how this Association may assist the Bureau of Animal Industry, if after mature consideration it is disposed to do so, I wish to add that, whether or not it takes any action of this kind as an association, I shall always be glad in the future as in the past to do anything in my power to further the objects of the Association, and I expect to receive full compensation in the good will of the individual members and in the pleasure of meeting with you and joining in your discussions.

RESEARCH WORK IN THE HYGIENIC LABORATORY OF THE PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE.

R. P. GEDDINGS,
Assistant Surgeon General,
WASHINGTON, D. C.

From small beginnings, research work in the laboratory of the service has grown to important proportions. It is believed that a short sketch of the growth of the laboratory would serve to show better than extended remarks the process of development through which it has passed.

The laboratory was inaugurated as a laboratory of pathology and bacteriology, principally the latter, at the Marine-Hospital of the Port of New York, situated at Stapleton, Staten Island, in 1887. For several years it was in charge of one officer who devoted such time to it only as could be spared from his professional duties in the hospital.

In 1891 the Marine-Hospital Service, having been provided with an office building for its exclusive use, the laboratory was removed from New York to Washington, and from 1891, to March, 1904, occupied one floor of the office building of the service, undergoing meanwhile a steady development.

At an early period after this removal, the advantage was appreciated of constituting in the laboratory a school of instruction for officers whose bent of mind was toward scientific research, and, from time to time, such officers were assigned for duty in the laboratory as assistants, and received a more or less extended course of instruction and training. Such courses were frequently supplanted by details abroad, with the opportunity of visiting and studying at laboratories in Berlin, Paris and Vienna.

Much work has been accomplished during these years bearing directly on the needs of the service. The disinfecting methods of the service as applied in its quarantine and epidemic work were investigated and brought to a scientific basis, both as to agents, the method of their application, and the time necessary for their employment under practical conditions. The result of this work was the elaboration of a system of disinfecting apparatus, which is in use to-day, and which, with the passing of time, have been mechanically improved until they now stand unrivalled.

Departing from the routine use of sulphur dioxid, steam, and solutions of bichlorid of mercury and carbolic acid, it is believed that this laboratory was the first to exploit that extensively employed agent formaldehyd in the combating of infections. The first diphtheria antitoxin manufactured in the United States was the output of the hygienic laboratory of the service. The first authoritative publication on the treatment of diphtheria by antitoxin was issued by the service, and was the direct outcome of personal instruction afforded an officer of the service by Behring and Roux, who separately announced their discovery at the Budapest meeting of the International Medical Congress.

Steadily advancing under the enlightened and fostering care of the surgeon-general, the results of other research were brought from abroad and practically applied in the United States. Plague was studied in the laboratory of the Pasteur Institute by an officer of the service, and the methods of preparing a curative serum and a prophylactic for the prevention of the spread of the disease were exploited in the laboratory.

An effort was also made, though not crowned with success, to apply the serum of vaccinated calves to the treatment of smallpox. The time afforded was too short, and the quantity of material on hand too limited to do more than break ground in this important direction.

From time to time, bulletins embodying the results of laboratory work have been published. These bulletins now number eighteen, with others in course of preparation and in the hands of the printer. Among other subjects investigated thoroughly and made public in this method may be mentioned bulletins on the "Presence of Tetanus in Commercial Gelatin," "Report on the Prevalence and Geographical Distribution of Hookworm Disease," "A Study of the Impurities of Commercial Vaccine Virus," "An Experimental Investigation of *Trypanosoma lewisi*," "A Statistical Study of the Intestinal Parasites of 500 Patients at the United States Government Hospital for the Insane," "A Study on the Spotted Fever (Tick Fever) of the Rocky Mountains," and others.

It is only proper to say that no subject has been of more importance to the United States and its dependencies beyond the sea than that of hook-worm disease, which, from the bodily weakness and mental depression, which it causes among those infected by it, inflicts an economic loss in certain sections, attained by no other disease.

The "spotted fever" of the Rocky Mountains is a subject of vast economic importance to one of the most fertile and most promising sections of our western country, the disease being

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attended with great fatality, and recurring every spring, a panic almost has at times prevailed, which threatened to result in the abandonment of this most fruitful section, and the destruction of rapidly increasing agricultural industry.

From time to time, the attention of Congress was invited to the necessity for more adequate quarters for the growing operations of the laboratory, and in March, 1901, this persistence was rewarded by the passage of a section in the bill making appropriations for the sundry civil expenses of the government giving $25,000 for the erection of the necessary buildings, and directing the custom by the Secretary of the Navy of five acres of the Old Naval Observatory site for laboratory purposes.

Some time was spent in the preparation of plans, and, in the meantime, an Act was approved, July 1, 1902, which materially altered the plan and scope of the service, and, at the same time, changing its name from the "Marine-Hospital Service" to "Public Health and Marine-Hospital Service."

In addition to other important features affecting the public health and the relation of the service thereto, the scope of the laboratory was widely extended. An advisory board was constituted, consisting of officers appointed from the medical corps of the Army and Navy, and of a scientist from the Department of Agriculture, and, in addition, five appointees from civil life, not connected with the service of the government, whom it was provided should be persons skilled in laboratory work in relation to the public health. The advisory board consists of Prof. Wm. H. Welch, Prof. Simon Flexner, Prof. Sedgwick, Prof. Victor C. Vaughan, Prof. F. F. Westbrook, Major Walter D. McCaw, U. S. A., Surgeon J. F. Urie, U. S. N., and Dr. Salmon, U. S. Department of Agriculture.

From a simple laboratory of pathology and bacteriology, the laboratory was increased by this act to one embracing three additional divisions; namely, those of chemistry, of medical zoology and pharmacology.

The building has recently been completed, and the work of these new divisions is now well under way, the division of zoology continuing its investigation into the parasitic disease of man, and the division of pharmacology, in addition to the scientific investigations of the highest import, being engaged in an examination of drugs and medical supplies to determine their potency and pharmacopeial purity.

In addition, an Act also passed July 1, 1902, and effective six months after the date of its passage, provided for the licensing of all establishments engaged in interstate traffic, or in traffic in the District of Columbia in viruses, serums, toxins, antitoxins, and analogous products. This law provides that establishments engaged in the manufacture of these products shall be licensed by the Secretary of the Treasury, and also, preliminary to the issuance of such license, that the establishment shall be inspected by officers detailed for the purpose. It further provides that specimens and samples of these products may be purchased in open market and examined in the laboratory for purity and potency, and that faulty methods of construction, faulty products, false labeling, etc., are punishable by fine and also by suspension or revocation of the license.

This work has been steadily progressing in a quiet and unostentatious way, and the records of the laboratory show a most remarkable improvement in the quality of these products, especially vaccine virus; whereas, before the passage of this law and of the regulations framed thereunder, it was not an uncommon thing to find vaccine which contained hundreds of micro-organisms. In a point of vaccine virus it is not an uncommon thing now to find most of it containing less than 100 per same quantity, with a notable absence of pathogenic and pyogenic organisms.

In accordance with the requests of manufacturers and with the recommendations passed by the American Medical Association and the American Pharmaceutical Association, the preparation of a standard antitoxic unit, for use in the United States, has been inaugurated in the laboratory, and it is hoped that within a few months will be ready for issuance and use.

Aid has been extended to State and local health officers in many directions. The contamination of city and town water supplies by typhoid has been extensively investigated when requested, and recommendations have been made as to their betterment.

Cases of suspected plague occurring in various parts of the country, and arriving at the quarantine stations on our shores, have from time to time been investigated by the laboratory, and have furnished an additional safeguard against the invasion of this disease.

Investigations as to the etiology of yellow fever, and especially as to the relation of the mosquito to the transmission of yellow fever, have formed the subject of investigation in epidemic habitats of the disease by members of the laboratory force and under the auspices of the Yellow Fever Institute of the Service. These investigations have served to amply confirm the original investigations of Reed as to the rôle played by the mosquito in the conveyance of the disease, and are at this time in striking accord with the recently published report of a commission of the Pasteur Institute of Paris, France, on the same subject.

The dissemination of malarial fevers by mosquitoes has also been under investigation, and, in a bulletin now ready for the press, will be found an interesting memoir on the toxicity of filtered malarial blood.

It is difficult within the limits of an address of this sort to state what has been accomplished by the laboratory of the service, so wide and so varied having been its operations, and it is even more difficult to predict limits as to its future usefulness. A progressive spirit actuates the director, Dr. M. J. Rossman, who is both scientific and enthusiastic, and this enthusiasm he imparts to his assistants, and in a quiet way, without ostentation, almost every important question relating to the public health is the subject of investigation.

The subject of the sanitation of railway coaches and sleeping cars is receiving careful attention, and it is believed that this vital question will be considerably cleared up by investigations which have been continued from time to time over a period of several years.

The service is justly proud of its laboratory, and feels that, while its announcements have been comparatively few, its achievements have been of value and promise an untold amount of good for the future.

French Congress Against Illegal Practice of Medicine.—Dr. Dardenne, the vice-president of the "Union des Syndicats Médicaux" of France, suggested that a congress be organized to discuss subjects connected with the illegal practice of medicine and pharmacy. The Union at once adopted his suggestion, and the organization of the congress is now well under way. Among the subjects to be discussed are the practice of medicine by midwives, masseurs, ministers and priests, and means to remedy it; the rôle of medical associations in combating illegal practice of medicine; medical advertisements in the lay press, their importance and dangers and means of remedy, and the insufficiency of the present measures for repression of illegal practices. M. Bandouin comments editorially in the *Gazette Méd. de Paris* on the proposed congress with some skepticism as to its results. He concedes the value of the influence of congresses in scientific matters, but doubts whether the public powers and established jurisprudence will be influenced by any of the resolutions of such a congress. He remarks: "The legal authorities detest all medical men and are jealous of them. The results desired by such a congress would be better realized by delivering before the legal luminaries a few lectures on the essence of medical science and the art of healing. What we must endeavor to do is to convince the magistracy that medicine is one of the humanities, like jurisprudence itself, and that it varies to infinity with every country and every age, and that in order to learn this science and to make it progress, we must be able to make a living by it and make the rich pay for our apprenticeship and for our experience.' This is the very thing which the magistrates are unwilling to admit, and it is for this reason that they do not repress, as they should, the illegal practice of medicine. What would they say, however, if adventurers should come in and deliver legal decisions affecting the magistrates as charlatans now give treatment to men eminent in politics"? "Be this as it may," he adds, "the congress will certainly collect a number of facts worthy of attracting the attention of the public powers."

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NATHAN SMITH DAVIS, M.D.

In the death of Dr. Nathan Smith Davis the medical profession has lost a member who always stood for the highest and noblest in ethics, in morals and in right living. Dr. Davis worked long and earnestly for high ideals in medicine, and for the betterment of his profession in every way. He represented before the people the best and purest in that profession, and he always advocated that which he believed to be for the welfare of his confrères and for the good of the people. However, it was as a medical teacher that Dr. Davis was best known, and thousands of men now in practice reverence his name because of the influence he exerted on them during their student days. He was one of the leaders in urging a higher standard of entrance requirements and a more practical method of instruction. Many years before it was adopted he was an advocate of the graded course.

No other man influenced the medical profession as Dr. Davis influenced it. He did not belong to Chicago alone, but to the whole country. Here where he lived his influence was felt to a greater degree possibly than elsewhere, but his was the kind of influence which reached out and permeated the profession of the whole country, if not of the world; and when the true history of medicine in America is written his name will appear more prominently than that of any other man. In his prime—and he was in his prime for more years than most men—he was a power, and usually when he undertook to carry out a project he succeeded. But his success did not come through coercion, through intimidation, or through dishonest methods. Success came because he was earnest in all that he did, because he was governed by absolutely unselfish motives, and because he was always honest and just. These characteristics were recognized even by those who opposed him. So he was believed in and was trusted; hence he was a power. Dr. Davis was a man of whom it might be said "he loved his fellow men," but he loved his profession best. He lived a life of purest simplicity. He never used tobacco, and his opposition to alcohol in any and every form was one of his most noted characteristics; in his death the cause of temperance has lost one of its most courageous exponents.

It is unnecessary to tell about his part in organizing the American Medical Association, and what he did for it in all the long years he was so actively working in it. The records of the Association, as they appear in the annual transactions and in The Journal, are sufficient evidence of the good he did in this regard. The foundation for the present plan of organization was laid by Dr. Davis in the columns of The Journal years ago, and the report he made as chairman of the Committee on Organization in 1887, contained the fundamental principles of the plan on which the profession is to-day organized.

He was a typical representative of the old school family physician; he had the confidence of his patients, was loved, honored and respected by them, and withal was a welcome friend and counselor in every family in which he was known. His was a character to be emulated.

Would that there were more men in our profession like him.

THE INDEX NUMBER.

We take more than usual pleasure in presenting this issue, the index number, for the first volume of the year 1904. The issue of an index to such a large amount of matter is always accomplished with a feeling of satisfaction, for many readers of The Journal have been kind enough to express their high appreciation of this index, and have declared that it is valuable to them and constantly used.

The index to current medical literature is the same valuable feature that it has been in the past. We have given the titles of nearly all articles in the medical publications of the world. A separate list gives the names of the authors of medical articles throughout the world for six months. We thus briefly call attention to this index for the sake of those who are not yet fully familiar with its uses. It is made for use. It will bear study. It will aid in the preparation of articles. It will tell what articles any physician has written. It will indicate a summary of what has been written on any subject. We are open to suggestions as to how future issues may be made still more valuable.

As usual, we make a reprint of the index and incorporate in the reprint the titles that are referred to, and which appeared week by week in The Journal. These titles, with the index to them, present the medical literature of the world for the six months just passed in compact form, for easy and ready reference. The price of this reprint is fifty cents.

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THE ROLE OF THE BODY FLUIDS IN PHAGOCYTOSIS.

That the phagocytes play an important rôle in combating certain infections in man, and certain experimental infections in laboratory animals, can hardly be doubted by those who are familiar with the researches of Metchnikoff and his followers. It can be demonstrated that the leucocytes, both in the animal body and in test-tube experiments, take up many cocci and bacilli and apparently destroy them. It has, however, long been a disputed question whether the body fluids take part in this phagocytosis, and, if so, in what way. Some experimenters have believed that these fluids play no part, because they found, for instance, that there may be phagocytosis of the pyogenic cocci, although these organisms multiply rapidly in the cell-free serum and blood plasma of the animals which furnish the phagocytes. On the other hand, there were those who went to the other extreme and held that the phagocytes take up the bacteria only after these have been killed by the body fluids. Gradually these two schools have come closer and closer together, and the recent work of Wright, Windsor and Douglas has done much to settle this long-disputed question of the rôle of the body fluids in phagocytosis.

Wright has shown that the phagocytic power of the white blood corpuscles from patients suffering from chronic furunculosis, acne or sycosis is far below that of the white blood corpuscles of normal individuals. He tested this power of the white corpuscles on staphylococci by inoculating the latter into freshly-drawn defibrinated blood or into blood which had been prevented from clotting by the addition of sodium citrate. A large quantity of staphylococci was introduced into the blood, smears made after a definite period of time, and the number of cocci in each white corpuscle counted. The average number in the white corpuscles of these patients was generally less than half that in the corpuscles from normal persons. Wright now undertook to increase the phagocytic power of the white blood cells in these patients in the hope of thereby effecting a cure of these chronic cases of furunculosis and sycosis of long standing. He accordingly made broth cultures of the staphylococci which he had isolated from the boils, and, after three weeks' incubation, killed the organisms by heating the cultures to 65 C. for twenty minutes. After the addition of 0.5 lysol the patients were inoculated subcutaneously with 0.75 c.c. to 1 c.c. of this vaccine. This inoculation was followed by a local reaction and some constitutional disturbance, both of which were not at all alarming when the first dose did not exceed 0.75 c.c. Six patients were thus treated with three injections, and all were cured of their furuncles. The phagocytic power of the white corpuscles after the treatment was found to be greater than that of the white corpuscles of normal persons, but no destruction of staphylococci by the serum alone could be demonstrated.

Wright and Douglas[1] carried this work farther to determine whether the increased phagocytic power is due to a change in the white corpuscles or in the blood serum. They found that the washed corpuscles derived from the patients who had been treated with the vaccine (immunized), and also the washed corpuscles from a normal person, take up twice as many staphylococci when suspended in the immune patient's serum than when they are suspended in normal human serum. The white corpuscles of a normal person have a strong phagocytic power when they are suspended in the normal plasma or serum, but do not manifest this power except in a very small degree when they are suspended in heated serum or in salt solution. From these observations, Wright and Douglas conclude that the blood fluid plays an important rôle in phagocytosis in that it affects the bacteria in such a way that the phagocytes can more easily ingest them. They believe that this effect is due to a special substance in the serum which they term opsonin (from opsono, I cater for), and that this substance is increased when the patient is treated with the vaccine. In patients suffering from furunculosis and sycosis the opsinic power of the blood is exceptionally low. Opsonin is an unstable substance, as it deteriorates rapidly at room temperature. It is destroyed by Daboia venoim, and the experimenters suggest that this may explain why a patient usually gets a generalized infection after poisoning by snake venom. They have shown also that there is no stimulation of the phagocytes by the serum, but the effect of the normal and of the immune serum is exerted directly on the bacteria, although these sera alone are not bactericidal for the organisms used in the experiments.

In using this vaccine certain precautions are necessary. It has been found that the injection of bacterial toxin into a person or an animal is followed by a short period of decreased resistance, which in turn is followed by a period of heightened resistance. If now the system is greatly taxed by a localized infection, the injection of a strong dose of vaccine might be followed by a generalized infection and death. The period of decreased resistance can be reduced to a minimum by starting with small doses of the vaccine, but even then it is necessary to carefully estimate the patient's reserve power of resistance before the treatment is given. These experiments are highly suggestive, although they have not yet been confirmed by others.

1. Proceedings of the Royal Society, 1903-4, vol. lxxii-lxxiii.

Medical News.

[As this issue contains the semi-annual index, the amount of space given to news, editorials, and other departments is markedly reduced, and some departments are omitted.]

CALIFORNIA.

Commencements.—The College of Physicians and Surgeons, San Francisco, held its commencement exercises, May 19, and graduated a class of 29.——A class of 24 was graduated, June 16, from the College of Medicine of the University of Southern California, Los Angeles.

Progress of Fight Against Tuberculosis.—During the first year of its existence the Southern California Anti-Tuberculosis League has held two public meetings, and its directors have ad-

dressed other public gatherings on the prevention of tuberculosis. It has also published two pamphlets: "Things the Laity Should Know About Consumption" and "Precautionary Suggestions for Those Ill of Consumption," and has provided for the distribution of 60,000 leaflets in Southern California.

State Board Sustained.—The Supreme Court has sustained the constitutionality of the act establishing the State Board of Medical Examiners and making it a misdemeanor, punishable by fine or imprisonment, for any person to engage in the practice of medicine and surgery in this state who has not passed a satisfactory examination before the board and obtained a certificate from it authorizing him to practice his profession. The court holds that it was a proper exercise of the powers of the legislature to demand some standard of efficiency from every practitioner, and the act shows plainly that its main purpose is to admit no one to practice who has not passed an examination in this state or is unable to produce satisfactory proof of having passed one in some other state.

Personal.—Dr. Milbank Johnson, Los Angeles, has been appointed chief surgeon of the San Bernardino Valley Traction System.——Dr. John S. Stephen has been made chief surgeon of the San Francisco Emergency Hospital service, vice Dr. George F. Bradstett, resigned.——Dr. Charles V. Green, San Francisco, has started for Europe.——Dr. Lewis S. Thorpe, Los Angeles, has started on an eight months' tour of Europe.——Dr. Robert B. Williams, Oakland, has been appointed chief surgeon of the North Shore Railroad, with headquarters at Sausalito.——Dr. Thomas C. McCleave, Berkeley, has been appointed physician to the State Institution for the Deaf, Dumb and Blind, succeeding Dr. Oliver D. Hamlin, Oakland.——Dr. Charles W. Bayley, Oakland, has been committed to the Agnew State Hospital for the Insane.——Dr. Rutherford B. Irones, San Francisco, surgeon of the O. and O. Steamship Company's steamer *Coptic*, has resigned, and will spend a year in travel in Europe.

ILLINOIS.

Hospital Wanted.—Dr. Charles E. Hamilton, Austin, has in hand a movement for the establishment of a hospital at some point midway between Austin and Oak Park. The two villages have a population of 50,000, and the nearest hospital is four miles away.

Hospital Notes.—In the new St. Francis Hospital, Kewanee, organizations and individuals have already agreed to furnish 21 out of the 24 private rooms.——Dr. Letitia A. Westgate has decided to sell or close the Sycamore Hospital, which has not been a profitable institution.

Fraudulent Diploma Dealer in Trouble.—Phineas Reisinger of Elba pleaded guilty in the United States District Court, June 9, to a charge of using the mails to defraud, and was sentenced to pay a fine of $50 and to be imprisoned for 30 days. His offense consisted in dealing in fraudulent medical diplomas.

Chicago.

Increased Endowment.—By a lawn fête held in Winnetka last week by the Chicago-Farmington Society, $2,600 was raised to complete the endowment of the Sarah Porter room in the Passavant Memorial Hospital.

Haniah Escapes Law.—"Dr." Ottoman Zar Adusht Haniah, the sun worshipper under indictment for the illegal practice of medicine, was tried and released, the court holding that the prosecution had not made a case.

More Graduates.—At the commencement exercises of Rush Medical College, affiliated with the University of Chicago, June 15, degrees were conferred on a class of 107. Dr. Charles G. Stockton of Buffalo, N. Y., delivered the doctorate address.

Smallpox.—Since January 1 there have been 89 cases discovered and removed to the Isolation Hospital; of these not a single individual had been properly or recently vaccinated. Two patients died, 76 were discharged recovered, and 11 are still under treatment.

Consumption in the Lead.—For the week ended June 11 consumption heads the mortality list with 63; pneumonia takes second place with 53; then come violence with 44, heart disease with 33, Bright's disease with 25, acute intestinal diseases with 24, and cancer with 21.

KANSAS.

Kansas Medical College, the medical department of Washburn University, Topeka, graduated its first class since the merger, April 21, when degrees were conferred on 25 graduates by President Plass. Dr. William L. Warriner delivered the doctorate address.

State Board Appointments.—Dr. Jonathan R. Carlile, Leon, has been appointed a member of the board, vice Dr. Malvin N. Gardner, Greenleaf, resigned.——Dr. S. Jay Crumbine, Dodge City, has been elected secretary of the board.——Dr. Levi A. Golton, Kensington, has been reappointed a member of the board.

The State Society.—The Kansas Medical Society, at its thirty-eighth annual meeting held in Topeka, May 4, 5 and 6, adopted a new constitution and by-laws, abolished auxiliary congressional districts and elected the following officers: President, Dr. Lawrence Reynolds, Horton; vice-presidents, Drs. Daniel R. Esterly, Topeka, and Edwin T. Shelly, Atchison; corresponding secretary, Dr. George A. Boyd, Baldwin; treasurer, Dr. Lewis H. Mann, Topeka; librarian, Dr. Samuel G. Stewart, Topeka; editor, Dr. George H. Hoxie, Lawrence; delegate to the American Medical Association, Dr. William R. McVey, Topeka, and alternate, Dr. Josiah F. Lewis, Topeka. Wichita was selected as the next place of meeting.

KENTUCKY.

Dr. Leser's Will.—By the will of the late Dr. Frederick C. Leser, Louisville, the entire estate, appraised at more than $60,000, is devised to his widow for life.

Personal.—Dr. Benjamin F. Enger, Hopkinsville, has been made superintendent of Beechhurst Sanitarium, Louisville.——Dr. Benjamin F. Van Meter, Lexington, has been commissioned major and surgeon and assigned to the Second Kentucky Infantry.——Dr. John A. O. Brennan has returned to Louisville after an absence of four years in Europe.

Health Board Changes.—Drs. Orrin L. Reynolds, Edward S. Simard and Michael Behrman have been elected to the Covington Board of Health.——Dr. Herbert F. Wilson has been elected health officer of Covington, vice Dr. Charles W. White.——Dr. William A. Quinn, Henderson, has been appointed a member of the State Board of Health, vice Dr. Frank O. Young, Lexington, resigned.

State Society Session.—The forty-ninth annual session of the Kentucky State Medical Society was held in Lexington, May 16, 19 and 20. The house of delegates, on May 20, completed the business details of the session, and elected the following officers: President, Dr. Frank H. Clarke, Lexington; vice-presidents, Drs. Leslie L. Robinson, Middlesboro, A. S. Cook, Monticello, and Buckner Littlepage, Clay City; secretary, Dr. James B. Bullitt, Louisville; treasurer, Dr. William B. McClure, Lexington; orator in surgery, Dr. Louis Frank, Louisville; orator in medicine, Dr. Julian T. McClymonds, Lexington; delegates to the American Medical Association, Drs. J. M. McCormack, Bowling Green, and Anselm D. Price, Harrodsburg; councilor for the Eleventh District, Dr. James S. Lock, Barbourville, vice Dr. Benjamin F. Herndon, Barbourville.

LOUISIANA.

Donations to Hospital.—At the monthly meeting of the Eye, Ear, Nose and Throat Hospital, New Orleans, donations amounting to $1,043 were announced.

Society Buys Home.—The Orleans Parish Medical Society has purchased a house which, when remodeled, will be used as the permanent quarters of the society. It will also be used as the headquarters of the state society.

State Society Elects Officers.—At the twenty-fifth annual session of the Louisiana State Medical Society, held at New Orleans, May 10, 11 and 12, the following officers were elected: President, Dr. Charles Chassaignac, New Orleans; vice-presidents, Drs. Oscar Dowling, Shreveport, Leo C. Tarleton, Marksville, and J. E. Buquet, Colomb; secretary, Dr. Isaac Ivan Lemann, New Orleans; treasurer, Dr. Marion H. McGuire, New Orleans. Councilors: First District, Dr. Paul E. Archinard, New Orleans; Second, Dr. Andrew G. Friedrichs, New Orleans; Third, Dr. Jackson J. Ayo, Bowie; Fourth, Dr. Norwood K. Vance, Shreveport; Fifth, Dr. Sidney L. Williams, Oak Ridge; Sixth, Dr. Charles M. Sitman, Greensburg, and Seventh, Dr. C. A. Gardiner, Sunset, and delegates to the American Medical Association: until 1905, Dr. W. Glendower Owen, White Castle; alternate, Dr. A. Feltus Barrow, St. Francisville; until 1906: Dr. William M. Perkins, New Orleans; alternate, Dr. John B. Elliott, Jr., New Orleans.

PENNSYLVANIA.

Medical Council Reorganized.—At the meeting of the State Medical Council at Harrisburg, June 11, the following officers were elected: President, Isaac B. Brown, Corry; secretary, Dr. Nathan C. Schaefer, state superintendent of public schools, Lancaster.

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Deaths.

NATHAN SMITH DAVIS, M.D.

Dr. N. S. Davis, one of the founders of the American Medical Association, first editor of THE JOURNAL, pioneer of scientific medicine, a pillar of strength to the American medical fraternity, died at his home in Chicago, on the morning of June 16, aged 87.

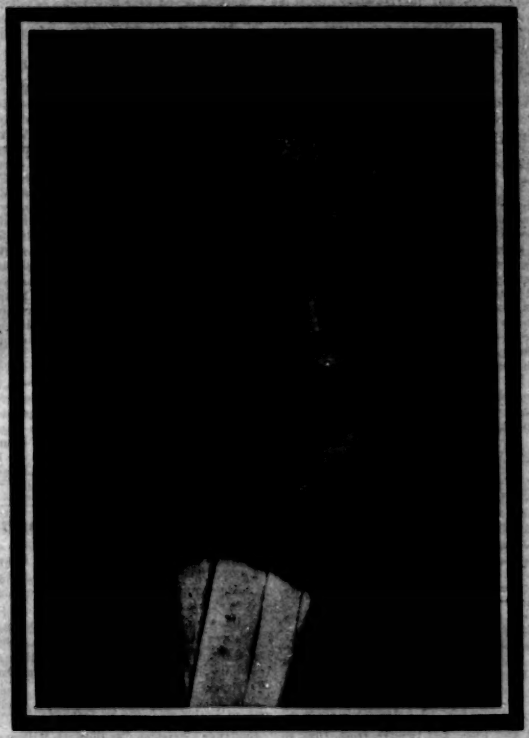
Nathan Smith Davis was born Jan. 9, 1817, on a farm in Greene, N. Y. He lived and worked on the farm until he was 16 years of age, attending district school in the winter, and for six months, Cazenovia Seminary. At the age of 17 he began the study of medicine under Dr. Daniel Clark of Smithville Flats, N. Y., attended three courses of lectures at the College of Physicians and Surgeons of the Western District of New York, Fairfield, and was graduated from that institution, Jan. 31, 1837. He chose as the subject of his thesis "Animal Temperature," and maintained that body heat is evolved through metabolic processes.

He first practiced in Vienna, Oneida County, N. Y., but after a few months moved to Binghamton, and soon after settled in New York City. It happened that this was the year of the terrible visitation of cholera in New York, when many physicians were afraid to remain, but Dr. Davis went boldly among the sick, receiving no harm himself and acquiring great local reputation for faithfulness and earnestness.

In 1841 he was awarded the prize offered by the Medical Society of the State of New York for the best "Analysis of the Discoveries Concerning the Physiology of the Nervous System." About seven years later the State Agricultural Society of New York awarded him a prize for a "Text-Book on Agricultural Chemistry."

He became a member of the Broome County Medical Society, and was one of its censors in 1836. In 1841, 1842 and 1843 he was secretary and librarian of the society, and in 1845 delegate from Broome County to the Medical Society of the State of New York.

In 1846 it was Dr. Davis' report as chairman of the Committee on Correspondence relative to Medical Education and Examination which, after adoption by the Medical Society of the State of New York, led to the organization of the American Medical Association. The resolutions adopted at that time are as follows:



NATHAN SMITH DAVIS.

From the latest photograph, taken about two months before his death.

WHEREAS, It is believed that a national convention would be conducive to the elevation of the standard of medical education in the United States, and

WHEREAS, There is no mode of accomplishing so desirable an object without concert of action on the part of the medical societies, colleges and institutions of all the states, therefore

RESOLVED, That the New York State Medical Society earnestly recommends a national convention of delegates from medical societies and colleges of the whole union, to convene in the City of New York, on the first Tuesday in May, in the year 1847, for the purpose of adopting some concerted action on the subject, set forth in the foregoing preamble.

Almost from the beginning of his career, Dr. Davis was identified with medical education, and was one of the first to advocate and to continue his advocacy of a higher curriculum and more rigid requirements. While he was living in Binghamton, he obtained a cadaver and demonstrated anatomy to medical students. His first work as a teacher was lecturer and demonstrator of anatomy in the College of Physicians and Surgeons in the city of New York in 1843. A year later he moved to Chicago and accepted the chair of physiology and pathology in Rush Medical College, and a year later in addition, assumed the duties of the chair of practice of medicine, and remained connected with the institution for ten years.

Soon after he became connected with this college, he appreciated the necessity of a better system of medical education, as at that time there was no classification of students and no adjustable curriculum. He began to agitate for reform, but was opposed. He continued his war for progress, until he was satisfied that he could not gain his point. He therefore withdrew, and with a few other progressive young men of that day, of whom Dr. John H. Hollister is now the only survivor, founded the Chicago Medical College, of which he was for more than forty years the dean and professor of principles and practice of medicine.

When Dr. Davis arrived in Chicago, there was no organization of physicians, and he was one of the prime agents in the organization of the Chicago Medical Society and of the Illinois State Medical Society. For twelve years he was secretary of the Chicago Medical Society, and in 1850 served as its president.

Soon after his arrival in Chicago, there was an epidemic of malarial fever, and he found on analyzing the drinking water that it was polluted by sewage. He straightway began agitation for a system of drainage, and to this end delivered a number of lectures, enacting a fee for admittance, the proceeds of which went to the founding of both for the first. As a result of these lectures, Chicago entered on a system of sewerage construction, and the fees received from the lectures went toward the foundation of what is now Mercy Hospital.

His editorial work began while he was residing in New York City, where he was editor of the *Annalist*. In 1835 he took editorial charge of the *Chicago Medical Journal*, and five years later the *Chicago Medical Examiner*, remaining in editorial conduct of these two journals separate and combined for twenty years. It was chiefly through his efforts that THE JOURNAL of the American Medical Association was established in 1883, and he was its first editor, continuing in that position for six years, when he resigned.

He was a member of the International Medical Congress in 1876, and at that time read a notable paper on "American Medical Institutions." In 1887 he was secretary-general and later president of the Ninth International Medical Congress which met in Washington. During his arduous work of collaboration of the plan for this congress, he was stricken with cerebral hemorrhage, but had confidently recovered in three weeks to resume his official and private professional duties.

He was one of the founders and trustees of Northwestern University of the Chicago Academy of Sciences, the Chicago Historical Society, Illinois State Microscopical Society, Union College of Law, of which he was professor of medical jurisprudence, and the Washingtonian Home for the Reformation of Inebriates; an honorary member of the British Medical Association, and many other scientific societies in this country and abroad, a charter member of the American Medical Association, American Medical Temperance Association, Illinois State Medical Society, and the Chicago Medical Society.

He was vice-president of the American Medical Association in 1854, president in 1864 and 1865, and trustee from 1882 to 1884, editor from 1883 to 1888, and orator in medicine in 1890.

Dr. Davis was a voluminous writer. Among his chief contributions to the medical literature are his "Principles and Practice of Medicine," "Medical Education and Reform," "Verdict of Science Concerning the Effects of Alcohol on Man," and "Clinical Lectures," in addition to the essays already noted.

In 1876 he was first attacked by prostatic disease, from which he suffered until his death. About ten years ago the presence of interstitial nephritis was first noted. Notwithstanding the discomfort and distress occasioned by his physical condition, Dr. Davis regularly attended to his professional duties, walking to his office every morning and from his office every afternoon until a short time before his death. On June 3 he was taken ill, complaining of distress in the chest, which gave rise to a suspicion of angina pectoris, and Cheyne-Stokes respiration quickly developed with nausea, vomiting, suppression of urine and other signs of uremic poisoning. Cheyne-Stokes respiration continued with remissions until his death. Difficulty in breathing and pain around the heart were also more or less continuous. Up to within one hour of his death he talked clearly and well. He died June 16 at 8 a. m., quietly and without pain.

His funeral was held June 18 from his late residence, 201 Huron Street. His elder grandsons—Dr. J. D. Kales, and Messrs. W. R. Kales, A. M. Kales, F. H. Kales, F. H. Davis and Nathan S. Davis III—were the active pallbearers, and Drs. J. H. Hollister, E. C. Dudley, J. E. Owens, W. E. Quine, Frank Billings, F. S. Johnson, George H. Simmons, and Messrs. William Deering, F. P. Crandon and James H. Hobbs acted as honorary pallbearers. The interment was at Rose Hill Cemetery.

At a special meeting of the Chicago Medical Society, June 17, a committee of seven was appointed to arrange for a memorial meeting to be held in October.

James Henry Dunn, M.D., one of the most eminent surgeons of the northwest, was found dead in his room at the Southern Hotel, St. Louis, June 16, probably from heart disease, aged 51. He was born in Fort Wayne, Ind., May 29, 1853, had his preliminary education in Winona, Minn., read medicine with Dr. J. B. Mcgeaghey, Winona, in 1875, attended one course of lectures at Rush Medical College, Chicago, and two courses at the University of the City of New York, receiving his degree at that institution in 1878. He opened an office in Shakopee, Minn., in 1880, and was appointed deputy of the State Board of Health during the smallpox epidemic of 1882. From 1882 to 1886 he studied in Heidelberg and Vienna, paying special attention to surgery and genito-urinary diseases. On his return to the United States he established himself in practice in Minneapolis. From 1886 to 1890 he was city physician of Minneapolis. He was professor of skin and venereal diseases in the Minnesota Hospital Medical College from 1886 to 1889; professor of genito-urinary diseases in the College of Medicine and Surgery of the University of Minnesota from 1889 to 1894, and since that time has been successively adjunct professor of clinical surgery, professor of clinical surgery and professor of surgery in the University of Minnesota. He was for 15 years surgeon to St. Mary's Hospital, for 12 years surgeon to the Asbury Methodist Hospital, and for 11 years surgeon to the City Hospital, Minneapolis. He was a member of the American Medical Association, the Western Surgical and Gynecological Association, member and president in 1892 of the Minnesota State Medical Society, a member of the Minnesota Academy of Medicine, Hennepin County Medical Society and Minneapolis Valley Medical Society. He was a fellow of the American Surgical Association, and had read a paper before the association on the day of his death.

Marriages.

ELLSWORTH E. WOLFFE, M.D., to Miss Aimee Hooper, both of Cambridge, Md., June 7.

ELLSWORTH ELIOT, Jr., M.D., to Miss Lucy C. Byrd, both of New York City, June 14.

REINARD HUNT STAMMERS, M.D., St. Louis, to Miss Marion Frances Krieke, at Dunnville, Va., June 6.

CARL E. JUNKER, M.D., Terre Haute, Ind., to Miss Ellen J. Pollard, in King George County, Va., June 5.

HUGH MCGAVIN, M.D., Plum Creek, Manitoba, to Miss Ada Jane Jones, at Kildonan, Manitoba, June 1.

WILLIAM HUFF SAFFER, M.D., Fairmont, W. Va., to Miss Gertrude Christian Du Bois, at Millerville, Md., June 4.

GEORGE W. CRABTREE, M.D. first lieutenant and assistant surgeon, U. S. Army, Governor's Island, N. Y., to Miss Inez May Kelly of Boston, June 3.

Correspondence.

The Prevention of Syphilis.

CHICAGO, May 24, 1904.

To the *Editor*:—The crusade for popular education against tuberculosis suggests the reminder that another endemic infection, syphilis, could be eradicated far more quickly, surely and easily than can tuberculosis. While the proportion of our adult population already syphilized is indeterminate—being variously estimated at 5 to 15 per cent.—yet the rapid increase of this proportion is universally admitted; and we are just be-

ginning to appreciate the extent and variety of the ravages of remote syphilis in the internal organs.

This disease can be restricted, not by licensing prostitutes—already proven a failure in Europe—nor by educating youth to chastity, for this laudable effort is proved impotent against the polygamous instinct of the mammalian male; but by making the acquisition of syphilis by the male practically impossible through circumcision.

It is notorious that Jews furnish relatively few cases of syphilis; that this immunity is not due to their superior continence is shown by their frequent acquisition of gonorrhœa; that it is due to the hardening of the penile covering through early circumcision, and consequent freedom from abrasions during intercourse, is obvious. This rarity of syphilis is observed among all circumcised races—whether Mohammedans, Buddhists or (Abyssinian) Christians. The early Egyptian practice of circumcision just before puberty is one of several facts which suggest that the general adoption of circumcision by the early Semitic races was for protection against syphilis.

The evils of remote syphilis can be reduced by impressing on the syphilized two injunctions: 1, To take antisyphilitic remedies for two months in each year after the termination of active treatment; and 2, to inform any physician who may at any time be consulted for relief from a chronic ailment, of the early syphilitic infection.

WM. T. BELFIELD.

Co-ordination in Government Medical Service.

To the Editor:—It would be an excellent thing could the Committee on Legislation of the American Medical Association study the medical services of the United States as to the number of men employed, the character of the work done, results attained, together with the costs in money outlay. These medical men will be found, I think, as follows:

Marine-Hospital Service, Navy Medical Department, Army Medical Department, doing biologic work in the Department of Agriculture (see the work of Stiles on human parasitology, Atwater's food and calorimetric studies on man), in the Department of the Interior as medical examiners in pension cases; and it is possible that there are yet others in the Census Bureau as statisticians in medical statistics. Then, with a summary of this work, its costs and efficiency: the faults and failures of the present system.

This study will show that there are employed in various capacities by the general government some 2,000 or 2,500 medical men, serving under at least four and perhaps more secretaries of the presidential official family. The force is scattered and no one department can legally call on another for medical assistance; the hospitals, libraries, laboratories and schools are duplicated and triplicated; they are without a common medical head, but each subdivision has its own head, a layman without knowledge of medicine, through whom the department reports to the President, the executive head of the nation. What opportunity has the President under such conditions to obtain a comprehensive working knowledge; to enable him to co-ordinate the medical information he has received with the reports of other conditions which he receives from his other secretaries from the same point, when receiving such a report from a man who is unable to explain to him the points which are not clear?

What would have happened to the United States when the bubonic plague made its appearance in San Francisco, had it not been for J. J. Kinyoun's work? This dread disease would have spread over the entire United States, and would have cost the United States many times the money paid out for the entire medical service from the foundation of the government to the present; as it was, the interstate law enabled the P. H. & M.-H. Service to force, through the operation of interstate quarantine, a partial compliance with sanitary obligations which resulted in stamping out the disease. The business men of California almost succeeded in allowing their greed for money to infect the entire country with this disease.

Having had these studies and compilations made, calculate, on current prices, the costs, etc., of a new Department of Public Health, with a secretary of public health a medical man, to be chosen by the President from the public at large, who is engaged in the active practice of his profession, and confirmed by the senate. Consolidate all medical service to the United States under this secretary of public health, consolidate the hospitals, libraries, laboratories, and schools from their present semi-chaotic state, make up your costs and comparisons in dollars, and the saving in actual money will be very large.

Then compare the efficiency in applying laws relating to dead supplies, medicines, water supplies, in controlling threatened epidemics, the ability to meet sudden calls on the medical service of the United States, like that which existed in 1898, when 250,000 men were called for the Army and many for the Navy. Under the conditions mentioned, there would have been a large number of trained men who could have at once gone to the front, while their civilian brothers would have replaced them in post hospitals, the marine hospitals, laboratories, etc., where they would have worked acceptably to themselves and the government, the rush being slight, and the work almost that to which they are accustomed in civil life, while these men, trained in public health technic, understanding the necessary red-tape of the department, took the rough end of the work at the front, meanwhile training their civilian brother into the red-tape (administration work) of the public health official, as might fall in either the Army, Navy or Marine-Hospital Service.

These medical men to be in no way responsible for their work to the military or naval commander, and having in no way any control over either soldier or sailor, when not in hospital, but to be the representative of, and reporter to, the President on all sanitary and medical questions in the army or navy, and as the executive in all international, interstate and interhub and quarantine matters, and as such the representative of the executive in all medical matters, reporting direct all insanitary conditions which may threaten the country or the country's forces, to the executive at the center; who can then balance the report with other reports and issue such orders as he may see fit; with sanitary conditions considered as are other conditions, the Secretary of Public Health explaining to the President what the conditions reported threatened to the command or to the country at large.

To leave medical men in their present condition of subordination to men who know nothing of these matters is to result in medical men reporting conditions just far enough to enable them when bad results come, to point to the report and say: "I reported the facts and pointed out the dangers"; for the responsible man to say: "I am no doctor, I did not understand the force of the report; I exercised my best judgment," and nobody is responsible. Meanwhile men die, the costs go mounting up, an epidemic is well under way, and nobody is responsible; the medical man, because he advised the executive, because he did the best he knew how, and all join hands to call the failure to fix the responsibility a visitation of God, and to say that it was impossible to avoid.

The local boards of health attain the results aimed at, whereas failure to obtain them is the universal history of all armies in war and peace.

With this should go also a public health medical school, to which young graduate medical men and graduate nurses should be sent to receive a postgraduate course, of two or three years, to train them in the laws and customs of this highly specialized service, which has been so much neglected by the profession at large, namely, caretaking of the public health.

To sum up then, it would appear that an excellent formation for this purpose would be: A secretary of public health, a cabinet officer; A public health medical service, to be composed of: Medical officers, graded, and nurses, clerks, mechanics, and laborers, all graded and classified; and lastly a public health medical school, in which to train all medical men and nurses in this service, and to which they should be returned for study from time to time, and from which entry into the Public Health and Marine-Hospital Service is to be made, after the original formation of the service.

It has been suggested that the same end might be attained by transferring the three present departments to a public health department and keeping the present men at their present

work, and let the change come little by little, all new appointments to be made in the public health service, and there need heart burning.

WM. WOO.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

VOMITING IN PREGNANCY.

NEBRASKA, June 7, 1904.

To the Editor:—Can you give me the name of some good remedy for vomiting, especially the vomiting of pregnancy? I have had several cases during the last year and have failed miserably of success. I have tried the most common remedies without effect: sod. vals., carbon. ammon., pepsin, bismuth, ipecacuanha, mercury, opium, lime water, etc. M. M.

ANSWER.—Vomiting of pregnancy has been ascribed to many causes, and many remedies and methods of treatment have been recommended to combat it. Recently a number of constitutions have been credited to it as intoxication of the maternal organism by fetal or placental products. Whatever may be the underlying cause there can be no doubt that reflex peripheral irritation, like a filmed and inflamed stomach, a constipated bowel, tight corsets, a retroverted and retroflexed uterus, etc., are very important accessory factors. In accordance with this view of the etiology the management should consist in removing carefully and as thoroughly as possible all the complicating factors. The diet should be carefully regulated, if necessary the stomach washed out, the bowels well emptied, a displaced uterus replaced and all constricting bands or corsets removed. If the vomiting is severe or continuous the patient should keep in a horizontal position, and in bad cases she should receive rectal injections of alcohol and salt solution. In all cases a hot drink in the morning some time before rising is desirable. Drugs play in the morning some time before rising is desirable. Drugs play a very secondary rôle in the treatment. Laxatives are sometimes necessary, as indicated above. Bicarbonate of soda or bismuth, etc., may sometimes have a temporary value. There is, however, no specific or "cure cure." That physician will have the best success in managing these cases who searches out the important etiologic factors and removes them. The nervous element is especially important in these cases, and the physician who has a confident and masterly presence and carriage, one who believes in himself and his ultimate success, has a great advantage.

THYROID ENLARGEMENT.

SEATTLE, WASH., May 26, 1904.

To the Editor:—Does the following patient require treatment and should she remain single: Female, 24 years old, has had a small enlargement of the thyroid gland for the past twelve years. Sometimes it enlarges slightly, but soon recedes. General health is good, not nervous nor hysterical. No protrusion of the eyes and pulse about 90. If she requires treatment, what would you suggest? One year ago she moved from the middle states.

A. J. H.

ANSWER.—The careful investigations of Lange of Kopenhagen, published in 1896, have confirmed the idea long held that there is generally an enlargement of the thyroid gland during pregnancy. Lange found that this enlargement appears during the fifth or sixth month of pregnancy and disappears seven to fourteen days after labor. He also has found an interesting connection between the hypertrophy of the thyroid and the action of the kidneys. In 20 cases where there was no enlargement of the thyroid, out of 120 examinations, he found albumin in the urine 12 times. In some of the cases of thyroid hypertrophy was there albumin or evidence of the existence of kidney disease characteristic of pregnancy. In cases of kidney disease with albumin the administration of iodo-thyroidin improved the urinary secretion and decreased the amount of albumin. In his experiments on cats that also have thyroid swelling during pregnancy he showed that if more than 4/5 of the thyroid was removed from pregnant animals tetany occurred that was favorably influenced by the administration of thyroidin or iodo-thyroidin. A greater amount of thyroid tissue must be left in a pregnant animal than in one not pregnant to preserve its health. If a large amount, but less than 4/5 of the thyroid gland be removed, the kidney undergoes parenchymatous degeneration and the animal falls into convulsions or a state of coma. Lange concludes from these observations and experiments that there is produced during pregnancy, probably by placental metabolisms, a substance that stimulates the thyroid to increased growth and activity resulting in an increased thyroid secretion containing antitoxic properties. If this fails the kidneys have extra work to do and are apt to suffer as a result. If this theory be true, it follows that thyroid disease or insufficiency may be of serious consequence in pregnancy. It is not probable, however, that a case of slight enlargement like that reported in the inquiry would have any serious importance. There seems to be no insufficiency of gland secretion at present. Probably some physiologic hypertrophy would take place during pregnancy. Whether this would be so great as to cause a mechanical obstruction to respiration can not be foretold, but in case such a symptom should arise it could be controlled by the use of thyroidin. Hence we do not answer that there is no ground for forbidding marriage in this case, nor should we anticipate trouble during pregnancy. It would be the part of prudence in case of a pregnancy occurring to keep the patient under observation, and if necessary administer iodo-thyroidin in doses of 10 to 20 grains a day. Otherwise no medication would be required.

DOCTOR PAYS FUNERAL EXPENSES.

A correspondent has favored us with an advertisement which appeared in the printed program of an athletic meet in Minnesota, and which is worthy of reproduction. We, therefore, print it free.

DR. W—, C———

PHYSICIAN AND SURGEON.

Funeral Expenses Paid and No Fee Charged in the event of death from *Diphtheria* and *Typhoid Fever.*

———, Minn.

Therapeutics.

[Our readers are invited to send favorite prescriptions or outlines of treatment, such as have been tried and found useful, for publication in these columns. The writer's name must be attached, but it will be published or omitted as he may prefer. It is the aim of this department to aid the general practitioner by giving practical prescriptions and, in brief, methods of treatment for the diseases seen especially in everyday practice. Proper inquiries concerning general formulæ and outlines of treatment are answered in these columns without allusion to inquirer.]

Sodium Bicarbonate in Gastric Troubles.

Husband, in an abstract in *Jour. Amer. Med. Science*, states that sodium bicarbonate is indicated in small doses (5 to 8 grains, .30-.50), taken one-half hour before eating, in the treatment of anorexia, as it increases the secretion and excites the contractility of the stomach. He prefers it to the bitters. In hyperchlorhydria it is indicated in large doses at the end of the period of digestion, two or three hours after a meal, when the gastralgia is likely to occur. In this latter condition he recommends it in 4 or 5 dram (15.-20.) doses daily for several weeks, and states that he has seen no evil effects from its use in such doses; on the contrary, exhibition and metabolism are favored and an increase in body weight. The gastric crises of tabes, when accompanied by hyperchlorhydria, respond to the sodium bicarbonate given in 2-dram doses (10.) per day. He thinks it is the remedy par excellence in diabetes, in the prevention of coma, which condition is characterized by true acidemia. The dosage in this disease should be at least 2.5 drams (10.) daily, and where coma exists as large a quantity as three ounces may be given. In dermatoses of arthritic origin, alkaline medication is indicated, giving the sodium bicarbonate in 2 or 4-dram doses (10.-15.) per day. In biliary lithiasis and hepatic colic one of the current methods of cure, according to the author, is alkaline medication employed in large doses.

In gastric dilatation accompanied by hyperchlorhydria, Bergeat, in *Jour. de Méd. de Paris*, recommends the following:

R.	Sodii bicarb.,	
	Cretæ præp.,	
	Bismuthi subnit., āā.....gr. viiss	30
	Magnesiæ (calcined).....gr. v	30

M. Ft. chart. No. i. Sig.: One such powder every three hours.

And for the constipation:

R.	Sodii phos.....gr. lxxv	℥ss
	Sodii bicarb.....ʒi	ʒi
	Sodii sulph.....gr. xlv	ʒi

M. Ft. chart. No. i. Sig.: One such powder dissolved in a quart of water, and take a glassful each morning on rising.

Camphor Hypodermically.

J. I. Johnston, in *Med.*, states that camphor is a valuable cardiac stimulant, even as good or better than strychnin. In

addition to its stimulating properties it is a carminative. He recommends it especially in infectious conditions where there is mild delirium associated with cardiac failure. When administered hypodermically it should be dissolved in olive oil in the proportions of 2 grains (.12) of camphor to 10 minims (.65) of the oil, the dose of camphor being from two to six (.12-.40) grains. He states that he frequently gives a daily dose of 24 to 36 grains (1.50-2.40) for several days. There will be no danger of abscess with proper precautions and aseptic olive oil.

Calcium Chlorid in Nephritis.

G. Green, in *Klin. Ther. Wochenschr.*, recommends calcium chlorid administered per rectum in the treatment of hemorrhagic nephritis, also in cases of inoperable uterine carcinoma, with profuse hemorrhages. After giving a cleansing enema the salt may be given as follows:

℞. Calcii chloridi ..... Mxx 10
Aq. destill. ..... fʒvss 200
M. Sig.: The entire amount administered per rectum. The same may be given by the mouth as follows:

℞. Calcii chloridi ..... ℈j 4
Syr. rumih. pip ..... ℈ij 32
Aquæ destil ..... ℈iij 96
M. Sig.: One tablespoonful every two hours.

Medicolegal.

Women on Whom Abortion Is Performed Deemed Not Victim.—The Supreme Court of Tennessee says, in Smartt vs. State, that the Tennessee statute on the subject of abortion does not fix any crime on the woman who is the subject of an abortion, or attempt at abortion. It is directed against those who perform the abortion, or attempt to perform it, on her. She is the victim, and in neither principal nor accomplice, under the law, where the act is performed, or attempted to be performed, on her by another. Moreover, the weight of authority elsewhere is to the same effect. And it is held that, not being an accomplice, she does not need corroboration in her testimony. But her moral implication is a proper question for the consideration of the jury in weighing her testimony.

Assault to Commit Rape After Administering Chloroform.—The Supreme Court of Colorado says, in Horton vs. People, where it affirms a conviction of a dentist of an assault to commit rape, that it is uniformly held that one who carnally knows a woman while she is in a state of stupefaction is guilty of rape. And there can be no doubt that, if the accused in this case had at the time he administered chloroform no unlawful purpose, yet, if he afterward formed the design and purpose to have sexual intercourse with the woman while she was under the influence of chloroform, and while she was in such a condition from the effects of the chloroform that she was unable to remonstrate or resist, and that while harboring such intention he undertook to have sexual intercourse with her, he was guilty of an assault with intent to commit rape, although the assault was one without violence, and although he desisted before accomplishing his purpose.

Admissibility of Hospital Records in Injury Cases.—The Supreme Judicial Court of Massachusetts says that in the case of the books which were offered as records of certain hospitals, in the personal injury case of Conkin vs. the New York, New Haven & Hartford Railroad Company, that it was not contended that, as to either institution, the records were kept under any requirement of law. They were, therefore, not public records, and were not admissible, unless supported by the testimony of the one who made them, if that person were still alive and capable of being produced to testify. In the case of Townsend vs. Pepperell, 99 Mass. 40, the record was admitted evidently on the doctrine that, it being more than 30 years old, there was no need to show the death of the person who made it. But in the present case the court may well have found on the evidence as to each hospital, both that the records were imperfect, and that there was no reason to suppose that the writers could not be produced. The records on such a finding were properly excluded.

Moral Insanity as a Criminal Defense Not Recognized.—The Supreme Court of Nebraska says, in Bothwell vs. State, where the former was charged with the crime of rape on his daughter and the defense was insanity, that the generally accepted test of responsibility for crime is the capacity to understand the nature of the act alleged to be criminal, and the ability to distinguish between right and wrong with respect to such act. Moral insanity as a criminal defense is not recognized in Nebraska. One who knows abstractly what is right and what is wrong must, at his peril, choose the right and shun the wrong. He can not yield to a violent impulse and allege mere weakness of will as an excuse. The Supreme Court says further, in the case, that, while the brief of counsel for the accused was interesting in its discussion of the varied forms, manifestations, and stages of mental diseases, and pleaded for an idealistic state in the treatment of those who may not be possessed of the strong, healthy, and vigorous minds possessed by the average of humanity, yet, nevertheless, in this practical age, and as society is at present constituted, the court is of the opinion greater evils would flow from a departure than in continuing to travel along the well-beaten paths which guide and determine legal responsibility for violations of the law.

Current Medical Literature.

AMERICAN.

Titles marked with an asterisk (*) are abstracted below.

The President's Address and the Orations delivered at the Atlantic City Session of the American Medical Association appear in the weeklies, and are not indexed in duplicate here. THE JOURNAL, June 11.

American Medicine, Philadelphia, June 11.

1 *Tuberculous Pericarditis, with Report of Case. Charles G. Stockton.

1. Tuberculous Pericarditis.—Stockton remarks that tuberculosis has been universally accepted as a cause of pericarditis. Osler has urged its frequency, though Beverley Robinson and others consider it comparatively rare. He reports cases at length, notes the points of interest, and considers the following conclusions warrantable:

1. Tuberculous pericarditis is not a rare affection.
2. The diagnosis is usually not made except in cases with simultaneously active tuberculous processes in other parts.
3. The occurrence of pleurisy with blood-stained effusion may be regarded as suggestive.
4. The pericardium may be of a dusky chocolate tint, or there may be minute tubercles, generally conglomerated, but rarely purulent.
5. It may be acute, continuing for but a few days, or chronic, existing for many months.
6. It may be part of a multiple serositis, and the proportion of cases in which at least one or more of the pleural cavities are involved is remarkable.
7. The disease is to be regarded as a secondary affection, although from a clinical point of view cases may be looked on as primary.
8. The point of origin of the infection is often found in the bronchial and mediastinal lymph nodes, although there are not quite equal rights to this view. The infection may be direct from contiguity of tissues, or by transmission through lymph vessels or through the circulation.
9. The heart may be greatly enlarged, or normal in size, or even somewhat small.
10. Some observers believe that occasionally the process subsides and that comparative cure results.

Medical Record, New York, June 11.

3 Exercise in Relation to Diabetes. Louis Barbon.

New York Medical Journal, June 11.

4 *Bacterium Coli in the Treatment of Cancerous and Sloughing Tissue, and in Diphtheria. J. Harmon Brown.
5 *Fracture of the Upper End of the Radius. (Continued.) Fortune Gallie.
6 *Communities Without Health Departments in the Crusade Against Tuberculosis. Lawrence F. Flick.
7 The Power of the Puerperium (Puerperal Infection): A Chronological Survey of the Doctrines of its Infection, and of the Methods of Treatment from Early Times to the Present. (Continued.) James Hendrie Lloyd.
8 *Constitutional Low Arterial Tension. Louis Frederick Bishop.
9. The X-Rays.—Brandt reports and illustrates cases of the use of the x-rays in superficial malignant growths, diagnosis, etc., and calls attention to its employment in epilepsy, reporting

ing his experience. The theory of its action was that the *x*-ray stimulated the protoplasm into greater vital activity, thus overcoming the instability of the abnormal metabolism which is the cause of the disease. Three treatments a week are given, beginning with five-minute exposures, at fifteen inch distance, and increasing by degrees to ten-minute exposures at ten-inch distance, a different part of the skull being exposed at each sitting. A hard vacuum tube with a 5 or 10 spark gap in the circuit was used. One of the drawbacks of the treatment is the possible loss of hair, but Branth prophesies that this will be put temporary, and that the hair will return in stronger growth than before. He remarks that the patients gain in weight under this treatment, that the *grand* and *petit mal* seizures become lighter and of shorter duration, less frequent and followed by less prostration. *X*-rays are not used often enough in diagnosis. His preference is the static machine, because it gives a steadier *x*-ray light. Most of his work has been done with the Gundlach tube, though the new regulating Müller tube seems to possess some points of superiority. *X*-ray work requires the skill of a photographer, as well as medical acquirements.

4. Fracture of the Radius.—Kmerson concludes his article, describing a special method for reducing fracture in a comparatively painless way, often without anesthesia. He places the patient in a high office operating chair in the upright sitting position, with the hand extended in front, the plane of the hand being perpendicular to the floor. He ties a skein of coarse woolen yarn wrapped over the wrist, with the loop knot fixed at a point on the upper side of the wrist, as the hand is extended as directed. The free end of the skein of yarn is fixed to a post or door jam by means of a staple at a height corresponding to the patient's shoulder. Then grasp the patient's forearm with the hand opposite to that which is injured in the patient, making slow but steadily increasing counter-traction on the patient's arm until the arm is fully extended and the wrist is tired out somewhat; then there will appear a lessening of the deformity, and, usually, a complete reduction of the fracture at the wrist without touching the point of fracture. The lessening of the deformity will not remain unless you "jack back" the fragments of the broken radius, when perfect and permanent reposition can be secured. The hand should then be held in a forced extended position until the muscles have relaxed, and then the strain can gradually be loosened and the fragments will stay in place. The advantages of this method are summed up by Kmerson as follows:

1. Once carefully arranged, with the skein of yarn adjusted as directed and made fast to the wall or some other convenient attachment, and traction having been started, the patient can not get away from the treatment, and usually if the traction is intelligently applied, will not try to get away. Slight additional tightenings and adjustments of the yarn and the constantly increased traction must be given with methodicality and considerately.

2. Even with a patient of muscular build, and a surgeon of slight muscular power, sufficient traction can be applied so that the reduction is easy and perfect and complete.

3. It is applicable to practically every fracture of the lower end of the radius ("Colles") that you meet, the intraarticular being represented only by a very small percentage.

4. It is seldom necessary to give any anesthetic.

5. All the details can be attended to by the surgeon if he is alone; but, of course, it is always convenient to have some one at least to assist in handling the splints that have been prepared before the "setting" of the bone.

6. The manipulation with the skein of yarn meets every anatomical requirement—namely, that the extension be applied so as to pull the hand toward the ulnar aspect of the arm, that the ulna be pressed at its tip toward the median line of the wrist to keep it in proper place so that it will not slump after the setting, and at the same time will leave the hand and the radial side of the wrist free for inspection and manipulation. In this case, or in any other case of reduction, after the reduction of the fracture, it is wise to allow the hand to lie on a pillow for a few moments after the fracture is in place and without any support, and if this is done and the fragments when left to themselves do not again become displaced, you may be sure that they will stay in place after the splints have been applied. It is the fractures that have been partially replaced and then held while some retaining splint has been applied that become displaced and heal with faulty union.

It is well to see that you have succeeded in getting the fragments fully back and opposed to each other so that they will remain in place. After they have stayed in place for a few minutes and the temporary splints have been secured with adhesive plaster, you may be sure that the deformity will be slight, and that the radius, at least, will be straight. A temporary splint must be applied until the swelling subsides, and some device must be obtained that will furnish constant pressure on the lower end of the ulna, which is so seldom broken, and that will not, at the same time, displace the radius. He claims the method practicable for Colo's fracture and will insure good results, even in the hands of those who treat but a limited number of cases.

5. Tuberculosis.—Flick points out the needs of municipal action and the methods that should be employed in combating tuberculosis.

7. Constitutional Low Arterial Tension.—Bishop finds that some patients suffer from continuous low arterial tension without the necessary symptom of circulatory disease, an individual abnormality. Some of the patients are feeble, but others respond to the demands, and when so responding there is an improvement in the tone. This condition may give rise to alarm on the part of the physician, but when the patient can be watched from year to year, it is shown to be a physiologic state of the individual case. The special form of low tension, however, which he notices in this article is that which is the result of a constitutional condition, probably due to some inherent defect in the nervous system preventing its proper control of the blood vessels. Patients who suffer from this low arterial tension are apt to manifest other symptoms of defective nervous control. The most important form of treatment is systematic exercise. There are other conditions where iron and arsenic improve the condition when it becomes marked; still others where hot baths are indicated. Cold bathing seems to be unsatisfactory. These are in cases where the patients are not suffering from any definite disease, but realize that they are not normal and are fortunate if they fall into the hands of a practitioner who can diagnose the condition and treat it accordingly.

Medical Age, Detroit.

May 25.

8 *Harelip. Daniel LeFerte.
9 *Are Women Fitted to Work Regularly? Wm. Lloyd.
10 *Pregnancy Following Double Ovariotomy. G. W. Hunter.

8. Harelip.—LeFerte's article is fully illustrated, and without these illustrations the technic is not described readily. The point on which he places special stress is the making of the scar in the central line of the upper lip directly under the column of the nostrils, thus giving a more artistic result. Where one nostril is depressed, and the ala of the nose of that side spread out on the face, he dissects it from the bone and puts in a button suture, the suture penetrating from the depressed and loosened ala through to the fixed ala of the opposite side. In about five days the suture is removed, when the lip will be found to have become attached to the raw surface of the bone underneath, and the wing of the nose to have become elevated.

9. Are Women Fitted to Work Regularly?—The question whether women are capable of continuous mental labor under all physiologic conditions, is discussed by Lloyd, who from years of experience has come to believe that the healthy woman needs no rest at her menstrual period. Unfortunately, however, about 50 per cent. of women in civilized countries suffer more or less, and require special intervals of rest during the period of pain to avoid all possible source of trouble.

10. Pregnancy Following Double Ovariotomy.—Hunter reviews the reported cases of this occurrence, and questions how, in case there should be a supernumerary ovary, can the ovum gain entrance to the uterus after extirpation of both fallopian tubes. Leaving out of question the presence of a third ovary, and granting that vestiges of functionating ovarian tissue are left behind in performing a double ovariotomy, by what means and by what route can the liberated ova reach the uterine cavity if the fallopian tubes have been completely removed?

The Post-Graduate, New York.

May.

11 *The Crusty Stains. Thomas H. Satterthwaite.
12 *Preparation and After-treatment in Nasal Operations. H. Hanson Dunham.
13 Case of Primary Carcinoma of the Liver Which Simulated Pregnancy. Thirteen Days Without Diagnosis by Abdominal Paracentesis. Robert H. Hadley.

11. **The Gouty Status.**—Satterthwaite discusses the conditions and thinks the following points important: There is a general treatment of gout that should underlie every variety, whether the form be acute, subacute, chronic, aberrant, or minor, independent of manifestations that require special treatment. Colchicum, in connection with the salicylates, or their congeners, or the alkaline carbonates, still holds the first place in the treatment of gout. For the aberrant form there can be no specific treatment. In the others, medicines play a subordinate rôle to diet and hygienic remedies, though the iodids are the main reliance. We can make no bounded rules with our present knowledge. Each case demands a study of the individual requirements, necessities and physical limitations.

12. **Nasal Operations.**—Douglass points out the advances that have been made, the value of adrenalin in connection with anesthesia, the possibility of using a much weaker solution than formerly, and the value of these now employed by European operators. The best method for the production of local anesthesia is by the application of thin pledgets of cotton from which the excess of the anesthetic solution (cocain alone or with adrenalin) has been squeezed out. These are placed within the nose and cover the field of operation. In operating on the septum, both sides must be anesthetized. The more important point is to produce a complete and sustained anesthesia. The first application of cocain should be by a spray, after which the pledgets of cotton should be introduced. Better results are obtained from a number of small pledgets than from one large one. After the nose is thus prepared, the patient should be given a medicinal dose of whiskey or strychnin, to antidote any possible bad effects from the cocain or shock, and placed in a quiet room for 15 to 20 minutes until the cocain effect is produced thoroughly. Douglass also speaks well of the Schleich method in various nasal operations, as in frontal sinus work, where it should be used for the skin, muscle and periosteum. Nasal sepsis is also noticed, and its treatment, which consists of securing drainage from the nose and combating the constitutional symptoms. Granulations and synechiæ are also apt to give trouble, and in slight irregularity, left after septic nasal operations, he thinks the wounds heal with fewer granulations when their surfaces look downward and when they are less disturbed. His opinion is that post-operative cauterization of the wound and all forms of plugging are detrimental to healing and favor the formation of granulation tissue, and that our best results are obtained by the use of antiseptic powder and non-interference. Hemorrhage is a very important post-operative complication, and may be dangerous, especially if it is from the artery of the nasal septum. Hemorrhage from the septal vein is the most frequent form. If the artery is spurting from the center of the tonsil, the only treatment is to catch the bleeding point with a pair of forceps and twist it. If the hemorrhage is not arterial, and persists after fifteen or twenty minutes, the tissues should be cauterized with an electrocautery and the cut surface sewn together, according to the method which he has described. In adenoid cases peroxid of hydrogen usually will control the hemorrhage. In rare cases it may be necessary to use a postnasal plug. Hemorrhage from the accessory sinus is rare. Douglass is a thorough advocate of the use of salves and powders within the nostril after operation, and massage with a pledget of cotton on an applicator and soaked in an antiseptic solution or greased with the salve is very useful after nasal operations, if used on the cut surface after the fifth day. It keeps down exuberant granulations, stimulates the circulation, promotes healing and keeps the nose healthy.

FOREIGN.

Titles marked with an asterisk (*) are abstracted below. Clinical lectures, single case reports and trials of new drugs and artificial foods are omitted unless of exceptional general interest.

Annales des Mal. Génito-urinaires, Paris.

Last indexed page 630.

1 (XXI, No. 24.) *The Bladder in Case of "Prostatism" Without Enlargement of the Prostate. H. Motz and J. Arrou.—Note sur les vessies des "prostatiques sans prostate."

2 *Subpubic Incision in Women for Removal of Foreign Bodies in Bladder. F. Legueu.—La taille sous-symphysaire chez la femme pour l'extraction des corps étrangers de la vessie.

3 (XXII, No. 1.) Stricture of Lower End of Ureter Caused by Compression from an Ingrowing Ovarian Vessel. H. Hartmann (Berlin).—Rétrécissement de l'uretère par compression d'un vaisseau ovarien.

4 *Incontinence d'urine consécutive traitée par l'injection rétro-rectale de sérum artificiel. Jaboulay (Lyons).

5 (No. 2.) Normal Functioning of the Two Kidneys Compared. J. Albarran.—Recherches sur le fonctionnement normal comparé des deux reins.

6 Prostatectomie totale transvésicale par la voie sus-pubienne. Opération de Proust. H. Lemaître.

7 *Procédé très simple pour obtenir dans quelques cas la séparation de l'urine des 2 reins. Nimier.

8 Cas de lithiase dans un rein ectopié (étudié le ectopic kidney). A. A. Abrahamson.

9 (Nos. 3-4.) Contribution à l'anatomie pathologique de la tuberculose de l'appareil urinaire. Tuberculose de la vessie (of bladder). III. M. Halle and R. Motz (Necker Hospital, Paris).

10 Une nouvelle modification à l'urétrotome de Maisonneuve. G. Rocher (Lille).

1. **"Prostatism" Without Enlargement of Prostate.**—Motz and Arrou have been examining postmortem 15 subjects succumbing to prostatic retention—all the symptoms indicating "prostatism," as they call it—and yet the prostates were of normal or subnormal size in all. In 5 they found evidences of chronic prostatitis; in 4 of adenomas, and in 6 of adenoid epitheliomas. The atony of the bladder in these cases of prostatic retention without enlargement of the prostate is not occasioned by primary atrophy of the muscles, as they were found hypertrophied in 12 out of the 15 subjects examined. Nine similar cases of "prostatism" without enlargement of the prostate have been operated on by Albarran and followed to date. The prostate was of normal or subnormal size, and, apparently, offered no obstacle to the emission of urine. Its extirpation, however, was followed by the re-establishment of the functions of the bladder, which had been long in abeyance. The result of the surgical intervention in these cases is extremely important and instructive. The findings in the bladder were identical with those found in cases of ordinary hypertrophy of the prostate, and the benefits derived from prostatectomy demonstrate that the atony of the bladder could not have been due to muscular degeneration or to arteriosclerosis of the bladder.

2. **Subpubic Incision for Extraction of Foreign Bodies in Bladder.**—Legueu advocates the revival of the old "vestibular incision" for access to the bladder in women. The healing afterward proceeds much more regularly and rapidly than after incision by other technic. He describes a case in which he was able to extract a large foreign body—the nozzle of a syringe—from the bladder, with the minimum of traumatism and the uneventful rapid recovery of the patient. He makes a curved incision between the urethra and the clitoris, the convexity toward the latter. This allows access to the urethra at its emergence from the bladder, and by slitting the urethra at this point the bladder can be entered easily. The sutured slit heals without any of the mishaps liable to occur when the urethra is incised from behind.

4. **Cure of Incontinence of Urine by Retro-Rectal Injection of Saline Solution.**—Jaboulay explains the efficacy of this mode of treatment by assuming that the injection acts on the hypogastric plexus instead of—like the epidural injections—merely on some of the white nerves which enter into the formation of this plexus. He has used injections of air or artificial serum. The latter does not diffuse and escape as readily as the former, and its effect is more durable. He injects 100 to 200 gm. of the serum. In a case cited two injections permanently cured the patient of chronic incontinence, which for years had resisted all efforts to relieve. In some cases the injections have to be repeated from time to time, but as the procedure is so absolutely simple and harmless there is no objection to its repetition.

7. **Segregation of Urine by Massage of Each Kidney.**—Nicolich's simple method of obtaining the urine from each kidney separately was described on page 1189.

Deutsche medicinische Wochenschrift, Berlin and Leipzig.

11 (XXX, No. 20.) *Ueber antethoracale Oesophago-Jejunostomie und Operationen nach gleichem Prinzip. L. Wullstein (von Mikulicz's clinic, Halle).

12 *Early Reaction After X-Ray Exposure. H. H. Schmidt.—Frühreaktionen nach Röntgenbestrahlung.

13 *Ueber chronische Diphtherie. L. Neufeld (Posen).
14 *Die sogenannte Basedow'sche Krankheit. A. Albu (Berlin). (Commenced in No. 19.)
15 (No. 21.) *Mode of Action of Antitoxin in Living Organism. A. Wassermann and C. Bruck (Berlin). Ueber die Wirkungsweise der Antitoxine im lebenden Organismus.
16 Ist das Syphilis-Virus filtrierbar? V. Klingmüller and G. Baermann. (Nelsser's clinic, Breslau).
17 *Ueber das Verhältnis der Leukoplakie zur Syphilis. W. Lublinski (Berlin).
18 Ueber eine seltene Form der Epispadie, die Eichelepispadie und ihre Entstehung. M. Katzenstein (Berlin).
19 Zur Kasuistik der Mißbildungen der weiblichen Genitalien (malformations in female genitalia). A. Blumberg (Berlin).
20 *Ueber Hyperacidität und Hypersekretion. F. Riegel (Giessen). (Commenced in No. 20.)
21 Ueber die Differential-Diagnose zwischen spindelförmiger Erweiterung und rückläufendem Divertikel des Oesophagus. H. Eichorst (von Leube's clinic, Würzburg).
22 Die Düsseldorfer Akademie für medizinische Fortbildung (for post-graduate instruction). F. O. Kuhn (architect).

11. Surface Communication Between Esophagus and Jejunum.—For two years Wullstein has been studying on animals and on the cadaver various methods of establishing direct communication between certain organs with the exclusion of the intermediate ones. His aim was to unite, for instance, the esophagus with the jejunum, outside the body, the gap between being bridged by some artificial tube or by a tube formed of a horn-deer flap of skin and fascia turned back on itself with the epithelium inside. Some mishap occurred in every instance which interfered with the complete success of the operation on the horizontal and hair-covered thorax of the dog. The results observed, however, amply confirmed the possibility and feasibility of such procedures, not only for this operation, but also for what he calls retropelvic colorectostomy, the union of the rectum with the descending colon, outside of the pelvis. Sauerbruch's air chamber has obviated the chief difficulties of such interventions.

12. Early Reaction to Roentgen Treatment.—Schmidt ascribes to an individual hypersusceptibility the erythema which develops immediately or very soon after exposure to a comparatively weak source of the Roentgen rays. It differs from the ordinary Roentgen dermatitis which develops later.

13. Chronic Diphtheria.—Neufeld reports a case of a diphtheritic ulcer in the pharynx, which occurred during an ordinary sore throat, but persisted for five months. There were no indications of membrane formation at any time. The diagnosis wavered long between lues and tuberculosis, until diphtheria bacilli were discovered in pure cultures. He reviews critically the literature on the subject of chronic diphtheritic and diphtheroid processes.

14. Banti's Disease.—Albu attempts to prove that this affection and ordinary cirrhosis of the liver form a single morbid entity, a fibrosis or fibrous degeneration of the spleen and liver, predominating in one or the other organ, according to the individual case, as the virus settles most in the spleen or in the liver. The virus affects the spleen primarily and spreads thence to the liver, the secondary lesions in the latter frequently overshadowing the primary splenic affection. To Banti belongs the credit of having first called attention to this rarer form of cirrhosis of the organs in the lower abdomen within the domain of the portal vein, but we have no reason to class it as a separate disease. The disappearance of the ascites after extirpation of the spleen in cases of Banti's disease may be permanent, but it is doubtful whether it can be regarded as an actual cure. Possibly it is due to the favorable effect of the augmented collateral circulation consecutive to the operation. If so, Albu asks, why not try extirpation of the spleen as a means of curing the ascites in cases of ordinary cirrhosis of the liver?

15. Mode of Action of Antitoxin.—Wassermann and Bruck agree with those who claim that the action of toxin and antitoxin in the living organism can be explained by the ordinary laws of chemical action. [Arrhenius has adopted this view, but it is disputed by Ehrlich, and the subject induced a lively discussion at the recent German Congress of Physical Chemistry, held at Bonn, May 14.—Ed.]

17. Relations Between Leucoplakia and Syphilis.—Lublinski regards syphilis merely as a predisposing factor in the production of leucoplakia.

20. Hyperacidity and Hypersecretion.—Riegel insists that a sharp distinction should be made between hyperacidity and hypersecretion. The former is a qualitative excess, the latter a quantitative excess, and both may be, but are not necessarily always associated. The hypersecretion may occur only under the stimulus of food, or it may persist continuously. The latter—Reichmann's disease—is the only form of hypersecretion that has hitherto been recognized. His tests and experiences have established that in health, and even in case of dilatation of the stomach and motor incompetency, with or without hyperacidity, there is normally no spontaneous secretion of gastric juice in the fasting stomach. He has further demonstrated that the stomach in certain cases of hypersecretion is unable to expel all its acid secretions, as the small intestine will not receive it, and there is spasmodic closure of the pylorus in consequence. This enforced retention of some of the secretion, and of the ingesta, in time produces dilatation of the stomach. The motor functions of the stomach may be unimpaired, but the organ is unable to discharge its contents. On the other hand, motor insufficiency and hyperacidity do not necessarily entail hypersecretion, and the cure of the former is not inevitably followed by the disappearance of the latter, if it exists. Differentiation of alimentary hypersecretion is difficult. The symptoms resemble those of hyperacidity, but they are more constant and occur earlier, fifteen to thirty minutes after eating. The naked-eye aspect of the stomach content after a test breakfast is also characteristic, on account of the preponderance of fluid. It separates rapidly into two layers, the clear fluid above containing scraps of bread, while in case of motor insufficiency the whole forms an evenly turbid fluid; the specific gravity is higher, and the difference between the total acidity and the free HCl is comparatively large. In hypersecretion the difference between the figures is very small. He cites some instances from his clinic showing that this difference under the alizarin test was 28 in a case of motor insufficiency plus hyperacidity, and only 6 in a case of hypersecretion, the amount of stomach content being identical in each. Atropin has a quantitative influence on the secretion, but associated hyperacidity persists unmodified by it. The hypersecreting mucosa may produce a gastric juice with the same proportional acidity as previously prevailed. This explains why we are liable to encounter cases of hypersecretion without hyperacidity. He thinks that the significance of the law established by Pawlow in regard to the constant acidity of the gastric juice has not been appreciated fully as yet. It explains why the cases of "pure hyperacidity" are so refractory to therapeutic measures. Many cases diagnosed as hyperacidity and treated and cured by the most diverse measures have probably belonged to this category of alimentary hypersecretion. As our diagnostic measures gain in precision we will undoubtedly encounter such cases with greater frequency. We will further become more and more convinced that this condition is merely the incipient phase of the continuous form. Also that the latter assumes this alimentary form as the final phase during its progress toward recovery. Treatment should be addressed to the hypersecretion as the primary factor, and every effort should be made to reduce the abnormal excitability of the stomach lining. Especially in the alimentary form of hypersecretion will the temporary exclusion of the stomach from the digestive processes be found extremely beneficial. Exclusive rectal feeding often proves very useful. The diet should be regulated carefully. An albumin-fat diet not only rests, soothes and nourishes, but it reduces the amount of secretion, abolishes friction, and as the quantity of acid diminishes, the secondary spasmodic contraction of the pylorus ceases. Both atropin and oil induce more favorable conditions, but neither are directly curative. Lavage of the stomach is also useful. In the continuous form of hypersecretion it is best applied just before the last meal of the day, while in the alimentary form the stomach is given the needed rest by lavage the last thing before retiring. He never advises operative intervention on account of hypersecretion alone, as it would have no influence on the latter.

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GENERAL INDEX.

The general index includes references to all the reading matter that has appeared in the pages of THE JOURNAL for the past six months. Use of the index will be facilitated by bearing in mind that subjects are frequently given under two or more headings; for example, brain, cerebral, tumor, etc.; heart and cardiac; cirrhosis, liver, hepatic, etc. Often, too, writers treat of the eye, ear, nose and throat under one title. There is no longer a department index such as used to follow the general index, but all the "Deaths" are together at the end of the letter "D." Similarly, all societies are under the heading of "Societies" at the end of the letter "S." All matter pertaining to the American Medical Association is placed together under "Association News." All books are listed under "Book Notices." The following letters are used to indicate the nature of the matter referred to: "E" indicates an editorial, "O" original article, "T" therapeutic item, "MI" an item in the medicolegal department, and "ab" an abstract of an article that has appeared in full elsewhere. The titles and authors of the articles which are listed each week in other journals are given under the Current Medical Literature Index on pages 1724 to 1755.

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SOCIETIES.

Abbreviations:
Am.—American.
A.—Association.
S.—Society.
M.—Medical, Medicine.
Acad.—Academy.
Phys.—Physicians.
Surg.—Surgical, Surgery, Surgeons.
Coll.—College.
Hy.—Railway.
Dist.—District.
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